Clinical Lectures
ON
DISEASES OF THE SPINE AND PARALYSIS.

Delivered at St. Thomas's Hospital,

BY SAMUEL SOLLY, F.R.S.,
SENIOR SURGEON.

GENTLEMEN,—It is my intention during the remainder of this winter session to give a series of clinical lectures on the cases of disease of the spine and of paralysis which have been lately, and which may be, admitted into my wards in this hospital. I shall also avail myself of cases occurring in my private practice to illustrate this branch of pathological surgery. This series will not in any way interfere with the clinical observations which for some time past you know I have been in the habit of making during my regular visits on all cases affording a peg to hang a few practical observations upon; and I shall continue, as heretofore, to make most of these observations in the operating theatre adjoining the ward, instead of making them within hearing of the patient.

I know of no subject in the whole range of surgical practice which contains more food for reflection than that of diseases of the spine. There is none which it is more important that you should understand as general practitioners; and I make use of the term in distinction from special practitioners, or "specialists," as they are called in the present day. I do not wish to underrate the service which has been rendered to orthopædic surgery by the orthopædic hospitals; but I do protest against the idea, which is beginning to be prevalent in some classes, that diseases and deformities of the spine and other parts of the body can be rightly treated only in the orthopædic hospitals. I say this broadly to you, that you may repeat it to your parents if they are medical practitioners, and to your old masters in all parts of the country, that for your sakes, as a part of the material of your education, they must continue to send to their *alma mater* all such cases.

The most interesting class of cases of spinal disease are those in which there has been injury to the spine, *in propriâ personâ*, in the vertebral column, with its bones and ligaments, and that delicate, and therefore carefully protected, centre of the nervous system, the spinal cord. I must not be tempted to dwell on the beautiful anatomy of this region, though I may be obliged sometimes to refer to certain points in explanation of symptoms.

The first case that I shall call your attention to is one which most of you have had the opportunity of observing in the wards. I became interested in this patient the first instant, because he was introduced to me as the son of a medical practitioner; that itself is a passport to our sympathy. His father, now dead, had never been very successful, and his son went to sea as a common sailor. The poor fellow was in a sad plight when he entered the hospital, and I never expected that he would have left it alive.

I will, however, now proceed to read the notes of his case, which have been very clearly reported by Mr. Saunders, interrupting that report occasionally when I think there is room for a practical observation.

Spinal disease consequent on a fall; discharge of pus through the bladder; treated with issues; recovery.—J. B. S——, aged twenty-one, a sailor, was admitted into King's ward Sept. 16th, 1862, suffering from partial paraplegia. Ten months ago, while sailing in the Gulf of Florida during a strong breeze of wind, he was putting a preventer-brace on the yard, when the ship gave a sudden lurch, and he fell headforemost from the fore-topsail yard on to the deck—a distance of at least seventy feet. He caught on the forestay, which somewhat broke his fall, and then pitched on the lower part of his back and buttock, his head and the upper part of his body not being struck. He was picked up insensible, in which condition he remained four days.

This, gentlemen, you will perceive was, in the first instance, a concussion of the brain through the spinal column, unaccompanied by any direct blow upon the head. Such cases are rare, and therefore instructive. It does not appear from the history of the case that, although the concussion was severe, it was accompanied by any permanent mischief within the skull.

On return to consciousness, he found that he had lost the use of his legs, and had no control over his bladder or rectum. There was a piece of flesh taken completely out about the position of the last dorsal vertebra, exposing, so he was told, his backbone. This sore became very offensive, and did not heal for three months. He received no treatment of any kind for six weeks, as there was no surgeon on board. He then arrived at New York, and there went into hospital. He remained in hospital for six months.

His case was considered hopeless, and no treatment was adopted for the first three months, though he was well fed and attended to. All this time there was a large open wound, discharging freely; and to this source of counter-irritation, I suppose, may be attributed the improvement in the condition of his spinal cord, as indicated by his gradually recovering some use in his limbs, so that at the end of four months he was able to get about upon crutches. His surgeon then ordered him to take the sixteenth of a grain of strychnine, with phosphoric acid as a drink when he was thirsty—he does not know the dose. All this time pus was discharged with his urine.

Under the above treatment he improved, and a fortnight before he sailed for England, and seven months after the accident, he was able to walk without crutches. On his arrival in England he could walk pretty well, although it occasioned him some pain across the loins. About a fortnight ago he was compelled to walk, or rather crawl, from Liverpool to Luton, a distance of 184 miles. This caused him such pain that he was dragged down towards his left side while walking. He was helped along by a stick, but it took him three quarters of an hour to walk a mile for the first week, and after that, for the remaining eight days of the fifteen in which he accomplished his journey, half an hour to walk a mile. This completely knocked him up, and compelled him to keep his bed. He was sent up to town, and for four days of last week was in one of the largest of our metropolitan hospitals, but was then discharged as incurable.

When admitted into this hospital, he could not stand upright, or walk with a stick for more than a quarter of an hour at a time, with a drag of the left foot. Sensation was dull in both legs and buttocks, but more so in the left; upper extremities unaffected. He had no control over the bladder or rectum. Urine very thick and turbid; he says that soon after the accident it was almost solid; it contained no albumen. Since the accident there has been a constant discharge of "matter" from the urethra. On examining his back, it was noticed that the spinous processes of the eleventh and twelfth dorsal vertebræ projected considerably. To their left, there was an irregular cicatrix about the size of the palm of the hand, the result of the wound before mentioned; another smaller one on the sacrum, communicating with carious bone. Tongue clean; bowels rather confined; pulse 80, firm and regular. To have one scruple of powdered rhubarb with mercury at bed-time; full diet.

Sept. 17th.—Mr. Solly saw him, and ordered the solution of bichloride of mercury, one drachm, twice a day; a moxa to be put on the right side of spine; to have a pint and a half of porter; extra diet.

26th.—Improving in general health; issue discharging freely; more sensation in legs than he had on admission; sleeps well, and does not complain of pain.

Oct. 3rd.—Progressing very favourably.

12th.—Walked down stairs, and was able to get about the garden for some time by the help of a stick; sensation returning in legs, but no improvement in the buttocks.

15th.—Ordered to take iodine mixture, one ounce, twice a day.

21st.—Has been gaining strength and improving daily; but to-day he is somewhat feverish, and is suffering from catarrh. Ordered Dover's powder, ten grains, at bed-time; lemonade.

22nd.—Mr. Solly saw him this morning, and ordered compound senna mixture, two ounces; Dover's powder to be repeated at night.

23rd.—Has been much purged by the compound senna mixture. He got up for a short time this morning, feeling slightly better; but in the afternoon was seized with very severe pain in loins and in the abdomen, stretching from navel to the penis. He passed a large clot of blood with his urine, and the urine now (which dribbles away continuously) is still bloody. Mr. Lee saw him, and ordered compound spirit of ether, half a

drachm; tincture of opium, twenty minims; peppermint water, one ounce and a half: to be taken immediately.

24th.—Had a tolerably good night, and is better this morning. Complains of occasional shooting pains in the loins. He has been very sick, but not so much purged. Urine very dark-coloured, but does not deposit a sediment, and contains no blood. Repeat draught; brandy, four ounces; two eggs; strong beef-tea.

25th.—Still very sick; passed urine containing blood this morning; tongue furred; bowels regular.

26th.—There has always been a slight discharge of pus per urethra, but this morning he passed about three ounces with his urine. Was restless last night, but did not suffer much pain; urine itself is quite clear. Repeat draught.

27th.—Again passed pus, but not in so great a quantity; suffers hardly any pain; his paraplegic symptoms are rather better; the issue is still dressed with peas, and discharges freely; no tenderness in loins.

28th.—Passed about three ounces of pus this morning; feels better in himself.

29th.—The same quantity of pus passed again this morning, quite distinct from urine, which is, as before, clear.

30th.—Feeling much better to day; no pus passed; free from pain.

31st.—Passed about two ounces of pus this morning; sensation more perfect in legs; general health tolerably good.

Nov. 1st to 4th.—He has continued to pass some pus daily, generally the first thing on waking in the morning, but sometimes also during the day.

4th to 11th.—General health improving. Whenever he assumes the upright posture, after lying down for some time, there is a discharge of pus, free from urine.

12th.—There is a slight swelling on the left side of twelfth dorsal vertebra, which he says is very tender. Mr. Solly ordered a moxa to be placed over it. In the afternoon he complained of considerable pain in abdomen; he also had rigors.

Dec. 1st.—Since the last report he has continued to improve. He can walk pretty well, and has more sensation in his legs. On the 29th of last month the iodine mixture was left off, in consequence of his having some running from his eyes and nose. He was ordered quinine, two grains; dilute sulphuric acid, ten minims; infusion of roses, one ounce; syrup of ginger, half a drachm; three times a day. The discharge of pus still takes place. The issue is dressed with peas, and discharges very freely. He is having full diet; two pints of porter; beef-tea.

Soon after this report he left the hospital, all discharge of pus through the bladder being arrested.

On Feb. 3rd I received a note from this patient, in which he says, "You will be glad to hear that I am much better. I can feel nature returning. I have a certain amount of sexual desire, which I had entirely lost ever since the accident. I also know when I want to pass my motions, though I have still no control over them or over my water. The toes of my left foot are now nearly straight, and I am getting more elasticity in my daily walking."

I hope from this account that he will ultimately recover power in the whole of his spinal nerves, as he has gradually recovered so much.

I attribute his recovery to the free use of caustic over the lower portion of the spine, the mild but continued employment of mercury, and, after the apparent removal by absorption of the effused fibrin which had been pressing on the cauda equina, the stimulation of the atrophied nerves by strychnine.

Having thus shown you what mischief may be induced by direct violence in the spine and the nervous centre which the spine is formed to protect, and what persevering and persistent surgery can do in remedying and restoring the lesions produced by such injury, I will next call your attention to a case which forcibly illustrates a class of cases in which lesions are induced by disease and not by direct injury. To appreciate rightly these especial cases, you must be reminded of the existence and the function of the anterior ligament of the spine. This ligament, as a broad, strong, flat, expanded tendinous band, extends from the head downwards to the point of the os coccygis, and helps to preserve the natural curvatures of the spine. The spine in health, when viewed either behind or before, is perfectly straight; when viewed laterally it presents a double curve—the first convexity of which forwards is in the lower part of the cervical region, and the second in the lower part of the dorsal and lumbar region. The tendency of the lower curve is to increase under the superincumbent weight of the body; the office of this ligament is to prevent it. You must not, however, conclude from my last observation that all the weight which may in the course of a man's daily labour be put upon the spinal column, either through the medium of the head or the shoulders, affects especially the lumbar curve and thence the anterior spinal ligament. It is the posterior curve which exists in the dorsal region that is most heavily taxed by the weight-carrying multitude, and hence the stooping shoulders. But there is a class of men whose spines are taxed heavily in their labour for daily bread. It is the soldier. He is obliged by his drill to maintain the erect posture; no stoop is allowed. When a non commissioned officer is on his legs from morning to night engaged in drilling, musketry instruction, &c., his anterior spinal ligament has a long-continued strain upon it. If to this purely physical cause of disease there is added the influence of cold and damp, you will not be surprised to learn that this ligament becomes inflamed; that the inflammation extends to the intervertebral substance and bodies of the vertebræ, sometimes producing suppuration and psoas abscess, sometimes extending to spinal membranes, not so much in the form of acute inflammation, as by fibrinous deposit and pressure consequent thereon.

Such cases, in their later stages, are unfortunately too common to the practical surgeon. In their early stages they are not so often seen, and when seen not always recognised. I am glad, therefore, to be able to direct your attention to one so distinct as to be able sufficiently early to imprint its characters, I hope, upon your minds; to show you, also, that by appropriate treatment the disease may be arrested, and that the paralysis which, if the disease runs its natural course, is inevitable, may be averted. The facts, which I am about to read to you, and which have been so correctly detailed by my dresser, Mr. Saunders, I elicited from the patient when he came to me in Savile-row. It was upon this history that I admitted him as an in-patient at St. Thomas's Hospital, and obtained leave of absence for him from his employers for three months.

T. H——, aged twenty-five, inspector of foreign baggage on the Chatham and Dover railway, was admitted into King's ward on Dec. 3rd, 1863. He is a well-built young man, of florid complexion, and sanguine temperament. In 1855, when in his eighteenth year, he entered the army, and shortly afterwards was appointed instructor of musketry at Hythe, on the staff. His duties were lecturing to the officers and men on the theory of firing, and superintending the practice on the ground. During a period of two years he visited the principal garrison towns of England. He was then ordered to India, to act in the same capacity. On his arrival he had to march 900 miles, which was accomplished in about three months, by marches of twelve and sometimes thirty miles a day. He had frequently to wade through rivers, and allow his clothes to dry on him. His shins became very painful from the continual walking, but under treatment soon became better. He remained in India two years, his health being remarkably good until within a few months of his return to England, when he was much troubled with dyspepsia and pains in the chest, coming on every day, and being sometimes so severe as to cause him to gasp for breath. On his return he again went to the School of Musketry at Hythe, and remained there for about two months. He was then ordered to the west of Ireland. Here it was that he first began to feel his health fail him. On account of the distance between the barracks and the practice ground, he was out from early in the morning until about seven o'clock in the evening, standing constantly with wet feet on the bog, and exposed to most severe weather. After being there a few months he began to feel pains in his back, in order to relieve which he was frequently obliged to sit on a stool, and on trying to get up he felt a great stiffness and inability to straighten the back for some moments. This gradually became worse, until a pain of a dull aching character became fixed in a position between the sixth and eighth dorsal vertebræ. He has left the army for the last nine months, and has since been following his present employment. He is now engaged from six in the morning till nine at night, fully half of which time he is standing. He, in common with all the other members of his family, enjoyed good health up to the time of his going to Ireland. Has been temperate as regards drinking, but when in India he was accustomed to smoke sixteen or seventeen cigars a day; since then he has seldom exceeded five or six pipes. Has been married for the last three years, and has three children.

Dec. 3rd.—The pain he now complains of occupies a position between the sixth and eighth dorsal vertebræ; in the middle of which space there is a spot, about the size of a half-crown, very much more tender than any other. Between these two points there is some sinking of the spines of the vertebræ. He suffers little or no pain on percussion; but a hot sponge passing down the spine elicits pain on arriving at the tender part, and, after it has been removed, he still feels a burning sensation for

some minutes. Corresponding to the most tender spot on the spine is a point at the lower extremity of the sternum, and the pain seems to penetrate through the body from point to point, and not along the course of the ribs. The pain is not constant, but he can induce it at will by making this portion of the spine more convex anteriorly; thus, in fact, stretching the anterior ligament. The action of the psoas also in flexing the thigh on the abdomen causes pain. The pain is always worse during damp weather. Has never had rheumatism settled in any one joint; but has had rheumatic pains when he has caught cold. He also complains of great pain in his knees; and this is more particularly the case when walking up stairs, at which time, too, he suffers from palpitation of the heart. He can walk on level ground for about a mile without feeling much fatigue. There is no paralysis or loss of sensation; but of late he has occasionally stumbled, and feels less sure of his footing than formerly. His memory, too, has failed him at times. He has never at any time received any injury to his head or spine.

4th.—Mr. Selly ordered a moxa to be put in the right side of the spine opposite the tender part. To take an ounce of iodine mixture twice a day.

5th.—Was taken early this morning with a sharp attack of diarrhœa and vomiting. Great tenesmus.

6th.—The purging continued all day yesterday; but to-day it has ceased, leaving him, however, very weak.

18th.—For the last few days he has been troubled with a dull, aching pain, half-way round his body; it is worst on waking in the morning, and gradually gets better. This he finds he can induce at will by taking a forced inspiration, and at the end of the expiration the pain begins. He suffers from palpitation of the heart on any slight exertion; complains of a nasty taste in his mouth in the morning; appetite bad; pulse 100, full and regular. The moxa discharges pretty freely. To take quinine mixture.

26th.—Tincture of iodine to be painted down the course of the spine on every day so long as the skin will bear it.

29th.—Another moxa was put in exactly opposite the previous one; is lying on an inclined bed, which affords ample support for the spine. Pain in the back less.

31st.—He says he has felt much better since the last moxa has been in; very slight pain in the back; pain quite gone from the knees. General health much improved.

I have now ordered him a spine support, as I am sure that if he were at once to leave his bed and resume the erect posture all his former serious symptoms would return. I hope, however, that by giving the spinal column some artificial support we shall be able to rest the anterior ligament, and that he will be able to resume his employment.

Since the last report he has left the hospital, with a special report, "quite well."

In my next lecture I shall bring before you a very interesting case of anterior curvature of the spine in the lumbar region, benefited by similar general treatment, followed up by a spinal support of my own suggestion.

DIETARY IN DISEASE.

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No. II.

IN SPARENESS OF HABIT AND EMACIATION.

I. *Spareness of habit.*—Spareness of habit is not usually regarded as a state of disease, but there are many who consider it an evil from which they would be delivered. It must also be allowed to be an undesirable condition in those persons who, by constitutional taint, or the influence of bad hygienic circumstances, are prone to fall into disease in which emaciation is a leading feature; and, in general, the liability to disease which all possess renders great spareness of body a cause of anxiety and danger.

On careful inquiry it will be found that this condition is less commonly due to constitutional peculiarity than to circumstances which manifestly act upon the constitution—as, for example, spareness of diet, dislike of fat, leading to the omission of fatty articles from the food, long intervals between substantial meals, insufficient warmth, excessive indulgence in simple fluids, as water and tea, excessive action of the skin, indigestion, too free dejection by the bowels, irritable temper, anxious disposition, excessive mental or bodily labour, long hours of labour and short hours of rest, and excessive or defective amount of respiration. Such are not in their nature irremovable. There are cases, however, in which no such causes can be traced, and in which, with a properly regulated dietary, and with hygienic arrangements generally conducive to health, spareness of habit continues. In such it becomes important to determine whether an unusual quantity of the food passes off by the bowel undigested, and therefore unappropriated by the system, and this may be effected by simply ascertaining whether the usual weight of the fæces daily exceeds 4½ oz.; or, on the other hand, it should be proved whether there is an unwonted activity of the vital processes, and particularly of that of assimilation, leading to excessive excretion by the kidneys. In the dietetic treatment of these cases, with a view to increase the bulk of the body, these circumstances must be investigated, and a plan laid down upon the following principles and with the following details:—

1. Quietude and repose of the mind by overcoming irritability of temper, avoiding anxiety and excessive carefulness, and diminishing mental activity and exertion. This rests with the person under treatment, and will succeed only so far as he may be willing and able to effect it; whilst without it, it will probably be in vain to proceed further in the treatment.

2. In cases marked by excessive vital changes, as indicated by excitability of system and general frequency of pulse, to increase the repose of the body both by night and day, by prolonging the hours of sleep and restraining bodily exertion.

3. When the vital functions are not actively performed, the assimilation of food must be promoted by increased bodily activity and the use of highly nitrogenized food.

4. To supply any deficiency of heat of body by abundant clothing, by the direct application of heat to the skin through the medium of air or water, and, if necessary, by lessening the action of the skin by inunction or by saline solutions.

5. To increase the activity of the digestive process, if necessary, by food highly nitrogenized, by exertion, and by the inspiration of pure air.

6. To supply an increased quantity of fatty as well as nitrogenized foods in combination. Thompson proved that animals are *fattened* in proportion to the *nitrogen* in the fodder. Messrs. Lawes and Gilbert found the crop of *carbon* to be increased by *nitrogenized* manures; and my experiments prove that nitrogen is a vital stimulant, and aids in the transformation of the hydrocarbons and carbo-hydrates. No one dislikes every kind of fat, but the dislike is almost exclusively restricted to that of butcher's meat, whilst butter and the fat of bacon are enjoyed.* Hence the quantity of fat in food cannot be always increased by increasing the quantity of meat (although it may be by increasing the quality, so that being better fed it shall contain more fatty juices), but it may be by giving milk, butter, and such oils and fats as are not disliked. Milk is the most perfect food, since it possesses the fat and the nitrogen in large quantity (viz., ¾ oz. of the former and 45 grains of the latter to the pint) and in such a form that the oil is introduced into the blood almost without delay or change. Hence milk in small quantities should be cooked and given at each meal, and in daily quantities of a pint and a half to three pints. Whenever milk is disliked as an article of food, it may be readily taken if given in small quantities when hot, made into puddings, or prepared with coffee, chocoate, or other foods. Captain Speke's fat female friends are excellent examples of the fattening effect of an abundant administration of milk. A fair trial will remove every obstacle. To these sources should be added the use of oil in salads and of an increased quantity of butter, the tolerance of both of which may be increased by gentle training.

7. It is questionable if the use of sugar largely conduces to this end. It has been shown that negroes in sugar plantations become fat during the sugar-making season; but, from personal observation in America, I think it is doubtful if the same would occur with white people, and it is certain that the negroes have much better food of other kinds and kinder treatment during the season of pressure of labour. Moreover, Messrs. Lawes and Gilbert have shown that sugar only equals starch in its fattening properties when given to animals, and my experiments have proved that it largely and most rapidly increases the emission of carbon by the lungs.

8. Alcohols (and particularly good and somewhat new ale) lessen the emission of fluid by the kidneys and skin, and ale, by its gluten, promotes assimilation. They are most powerful

* See my paper on the action of cod-liver oil and the substitution of ordinary fats in food, in the Edinb. Med. and Surg. Journ., Jan. 1853.

agents when given in quantities of ale of half a pint to a pint and a half daily. When rum is taken with milk it is the most powerful restorative and promoter of assimilation and alimentation which we possess.

Hence the leading principles in the attempt to increase the bulk of a spare but apparently healthy system are, on the one hand, to lessen any marked activity of the vital functions and thus prevent too rapid transformation of food and tissue, and, on the other, to quicken the vital actions when they are deficient, in order to promote healthy digestion of food, and lessen the loss of nutriment by the bowel. Then to supply, at short and regular intervals, as large a quantity of starchy, oleaginous, and (except in cases of great vital activity) highly nitrogenized food as can be well digested. The daily dietary for a man might be—1 pint of home-brewed ale, 2 pints of milk, 2 oz. of butter, 1 oz. of oil, 4 oz. of bacon, 6 oz. to 8 oz. (uncooked) of well-fed meat, ¾ lb. to 1 lb. of bread, ½ lb. of potatoes, 3 oz. of rice, sago, or other similar farinaceous food, 2 oz. of sugar, with café-au-lait and cream *ad libitum*. This will yield (without the cream) 17½ oz. of carbon, and about 290 grs. of nitrogen. The treatment will be most successful in the spring season.

II. *Emaciation simulating phthisis.*—The most extreme cases of emaciation which I have seen have arisen from causes apparently trifling, but which at first lessened the appetite, and then for a lengthened period led to distaste for, and avoidance of, food. Such cases of chronic starvation, without other primary disease, are not uncommon, and out of four of such on which my opinion was sought at the end of 1862, I will select the most striking as an illustration of the proper dietetic treatment.

A young lady, living in one of the largest towns in the north of England, aged about twenty-two years, and of medium height, exhibited a state of the most extreme emaciation which I have witnessed, with coldness of both arms and legs, and numerous patches of livid discoloration and blisters of the skin. The pulse was very feeble, thready, and not above 50 per minute; the respiratory movements exceedingly feeble, and the chest very flat. The appetite was so much reduced that for many weeks she had not taken more than two ounces of bread or biscuit, two ounces of milk, and three-quarters of an ounce of cooked meat daily, the whole dietary not containing more than an ounce and a half to two ounces of carbon, and forty grains of nitrogen daily. My opinion was primarily sought as to the condition of the lungs, and on careful examination nothing was perceptible except general atrophy from long-continued deficient expansion of the air-cells; and on the most minute inquiry into the whole case, it was clear that the present condition was simply due to the long-continued and extreme deficiency of food.

The only cause which could be assigned was, that ten months previously she had suffered from measles, and remained in feeble health for six months, during which time and subsequently the appetite was small, and progressively diminished.

In the treatment of the case it was evident that to restore the warmth was the fundamental question, since otherwise no increase in the vital actions could take place, and it was manifest that this could not be effected with sufficient rapidity by attempts to increase the transformation of food within the body. Hence she was placed in a hot bath (102°) every night for ten minutes, and then well rubbed over with a flask of olive oil heated to the same temperature (102°), and afterwards every part of the body, except the head, was encased in a thick layer of cotton wool. In the morning the warm oil was again applied, and the application of the cotton wool continued; and (varying the hot bath with frictions of warm salt and water) these were repeated night and morning, without intermission, for many weeks. At the same time she drank as much Madeira wine as possible, and took hot milk, with and without chocolate, and in puddings, essence of meats, meat, and eggs, in small portions, every two hours.

During the first three days the symptoms were not very favourable, but afterwards all proceeded regularly towards restoration to health. At the end of a month the eminent medical gentlemen in attendance perceived a greater increase in bulk of body than I did. The pulse was 80, and good; the warmth was natural; the discoloration of the skin had nearly passed away; the relish for food was good; the tongue was clean, and a little red; the bowels were regular, and the spirits good; and, although encased like a mummy, she was able to move about the room. In a further six weeks the improvement was very striking, and the weight had increased, so that two persons were now required to lift her into the bath. Every function of the body was progressing healthily, and the lung movements had so much increased that the opinion at first formed was confirmed; but they were yet imperfect on the right side. She had taken and was then taking two pints and a half of milk, four glasses of fine Madeira wine, with eggs, meat, and other articles of a good dietary daily. She had continued the use of the hot bath and the hot oil inunction, but now the former was intermitted. I did not see her again, but learned that she drove out in a carriage and walked about the house until the spring-time came, when she left home for change of air, and had progressively improved to the end of 1863.

A similar plan was pursued in the other cases referred to, except that, as the temperature was not so much reduced, it was not necessary to use the hot bath and hot inunction; and all recovered their normal appetite, and were restored to perfect health.

Note.—I regret very much that, owing to an accident, the uncorrected proof of my first paper (Feb. 6th) was inserted, and that several important typographical errors were admitted. The word "beans" was inserted for "bran," in the fourth paragraph of page 150; "remediable" for "remedial" in the first sentence of the sixth paragraph; and the second sentence in the last paragraph on the same page should read thus:—"Four ounces of sharps and 4 oz. of peas or lentils may be made into bread or pudding with milk, eggs, and gelatine, or into omelettes with eggs and herbs, and given when starchy food cannot be altogether intermitted."

Queen Anne-street, Cavendish-square, March, 1864.

ON DIVISION OF THE CILIARY MUSCLE.

WITH CASES.

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(*Continued from p.* 321.)

THE annexed cases embrace, amongst others, some in which, iridectomy having proved unsuccessful, division of the ciliary muscle was subsequently performed with advantage; one in which iridectomy was performed on one eye and division of the ciliary muscle on the other, with equally good results; another in which division of the ciliary muscle was most beneficially substituted for the more serious proceeding of extirpation of the eyeball; and lastly, a most interesting case in which division of the ciliary muscle in one eye has been the means of restoring sight in the other.

The following is reported by my friend Dr. Fred. Heaton, of Wrexham, who attended the case as house-surgeon to the Royal Westminster Ophthalmic Hospital:—

CASE 1. *Posterior staphyloma of both eyes; iridectomy performed on right eye, without benefit; subsequent division of the ciliary muscle, attended with success.*—S. G——, aged twenty-two, admitted Sept. 24th, 1862, with posterior staphyloma of both eyes. States that six years ago her sight gradually failed without any apparent cause; but she had not paid much attention to the matter until a year since, when she consulted a surgeon in the country, under whose treatment she remained for several months. In March last this gentleman operated upon the right eye; but, although the operation (from the appearance of the eye) was well done, it was not followed by any improvement, as with that eye she has ever since been unable to see anything beyond the distinction between light and darkness. With the left eye she can with some difficulty spell out sentences in No. 20 of the test type.

On Sept. 25th, 1862, Mr. Hancock divided the ciliary muscle in both eyes. On the second day after the operation she described the sight in the left eye as being clearer, that she could distinguish objects with greater ease, and this improvement increased daily. On the fifth day she said she could discern objects in the room with her right eye, though as yet but dimly. On the seventh morning she read with her left eye the three largest-typed sentences on the test board with great ease. She became an out-patient on the eighth day, and returned on the tenth. She reported herself as having felt no inconvenience from the operation, and that she could see more clearly than she had done for years. The test board having been given to her, she, without difficulty, read No. 4 at fourteen inches with the left eye, and with the right (which was originally the worst, and that operated upon for iridectomy), whilst covering the left eye with her hand, she could read with tolerable facility Nos. 16 and 18 on the test board at about six inches.

Nov. 22nd.—Has written a long letter to the nurse; in good spirits, but complaining of cold and cough, which more or less affected the eyes. She reports her sight to be about the same as when she left the hospital, and the benefit then obtained to continue, adding that she could not have written a letter before the last operation.

Mr. Hogg relates the next case at page 256 of his work:—

CASE 2. *Subacute glaucoma; double iridectomy and section of the ciliary muscle.*—D. B——, aged forty-five, of Great Grimsby, admitted Dec. 10th, 1862. Two years ago he came up to the hospital, and was then admitted. His sight had been gradually failing for some weeks, the field of vision becoming more and more contracted. The circum-ocular pains were at times most severe, and the globes very tense and stony hard to the touch. Cupping of the optic nerves and pulsation of the arteries were distinctly perceptible. He could distinguish persons, but not features. He could not read any type tests. Mr. Hogg performed iridectomy on both eyes, which was followed by immediate improvement, as he could read in a week after names on the shops across the street. On his return home, however, his sight once more began to fail, and since for about eighteen months he had been unable to distinguish anything beyond light from darkness. Complained of bright lights dancing before his eyes, with occasional pain in the eyeballs; his health otherwise good.

Dec. 12th.—Mr. Hogg performed section of the ciliary muscle in both eyes. A slight increase of pain followed the operation, which was relieved by opium in full doses at bed-time.

18th.—Can see somewhat better with his back to the window. Is able to see with his left eye, but cannot distinguish features.

24th.—Better; can count fingers when hand is held up.

30th.—Discharged; his sight improving.

In a letter received from the clergyman of the parish on the 23rd of April, 1863, that gentleman reports that this patient "can see a little better, but still imperfectly."

The following is reported by Dr. F. Heaton:—

CASE 3. *Irido-choroiditis; iridectomy performed on right eye, division of ciliary muscle on left.*—R. E——, carpenter, aged forty-seven, residing in Bermondsey, admitted under the care of Mr. Hancock Nov. 13th, 1862. His sight was good up to three months previously, when the left eye gradually became weak, with deep-seated pain in the globe; the right eye becoming affected shortly afterwards. A month later he went to Guy's Hospital, at which time the right eye was the worst of the two, being much inflamed. When the inflammation subsided his sight was so dim that he could not distinguish people. Iridectomy was performed in the right eye, after which the sight in that eye became more dim, and the left eye, which had hitherto been healthy, was attacked with pain in the globe, accompanied with much watery discharge and gradual dimness of vision.

With the right eye he can now count fingers, and discern my figure, though not my features. He cannot see the black colour of large print with either eye. There is rather less sight in the left than in the right eye, though he can count fingers with it. The right iris appears thickened in parts; the left iris also, with the pupil contracted and somewhat irregular.

Nov. 14th.—Mr. Hancock divided the ciliary muscle in the left eye.

19th.—Reports that he sees objects more clearly with the left eye.

25th.—Considers the sight of the left eye much clearer; is able to discern more of my features, and to see the movement of my lips when speaking. Synechia posterior still exists. Extract of belladonna to be applied. Mercury pill with quinine and iron to be taken three times a day.

28th.—Can count fingers with the left eye at a distance of three yards.

Dec. 1st.—Adhesions slightly yielding. Sight of the left eye improved. Can now read No. 14 of the test type. To attend as an out-patient.

Two months afterwards, when he again presented himself at the hospital, the sight of the left eye had further improved.

CASE 4.—Mr. M—— was brought to me by my friend Dr. Morgan, in October, 1863, for my opinion as to the necessity of his submitting to extirpation of his left eyeball. It appeared that when twelve years of age a cataract formed in the eye without any assignable cause. After consulting the principal oculists of the day and receiving contending opinions, he, at the age of eighteen, had it couched by the late Mr. Tyrrell. From that period to the age of fifty-two the eye was perfectly quiet and easy, although for several years the sight had been entirely lost. Four years ago the eyeball became very painful and of a stony hardness, gradually getting worse and becoming very large and prominent, and at times almost unbearable from the pain. During this period he again consulted many of the leading oculists, some of whom advised the removal of the eye, others a slight operation, and others that he should persevere in the use of strong opiate fomentations; and for the last four years he has been compelled to use a collyrium—consisting of two ounces of extract of conium, ten ounces of tincture of opium, and sambuco flower water to sixteen ounces—at times as often as every two or three hours, constantly not less than three times a day; but for the last twelve months it appears to have lost its effect, the eye continuing to increase in size and becoming most unsightly in appearance.

In this condition he was brought to me. His sufferings were then excessive, and without intermission either day or night. He had been advised by one of the highest authorities that nothing short of extirpation of the eyeball would afford him relief; but, from what I had observed in other cases, I felt convinced that the division of the ciliary muscle would give him speedy relief, diminish the size and hardness of the eyeball, and so improve his personal appearance as to do away with the necessity for its extirpation, and I advised him accordingly.

After a few days' consideration, he consented, and I consequently performed the operation on the 15th of October, 1863, in the presence of Mr. Tatum and Dr. Morgan. Since this time he has been quite free from what he terms his "old pain," and has had no return of the sensation of tension and bursting which had been so distressing to him. The eyeball is much reduced in size, the only inconvenience remaining being a sensation of weakness, which necessitates the use of a shade.

Mr. M—— is subject to gout, and since the operation has had a severe attack. He assures me that this did not in any way affect the eye, whereas formerly an attack of gout was always indicated by its first flying to it, and causing additional pain.

(To be continued.)

ON SUBCLAVIAN MURMUR.

BY THOMAS PALMER, M.D. LOND.

AMONGST those vital phenomena the exact semeiotic value of which is not yet determined, subclavian murmur must certainly be reckoned. It is an interesting and striking one; the more so because of its precise and distinct character, and therefore is a tempting one to examine into and reason upon. Hitherto, as far as I know, writers on this subject have viewed and reported on it as witnessed in patients presenting themselves for treatment, and, therefore, have almost inevitably felt a tendency to associate the murmur, when possible, with the disease under observation; in other words, they have viewed the phenomenon in the light thrown on it by accompanying disease. The observations I am about to submit have been made under the light thrown on it by perfect health; certain discrepancies between the two series must, therefore, be expected. Some sound practical men I know regard this murmur with much suspicion, and augur badly from its existence; others, as Dr. B. W. Richardson, look on it as *per se* much less ominous. Those who are suspicious of evil from its presence are so through fear of its denoting the existence of organic disease of the lung or artery which, later, may declare itself unmistakably. That such cases may occasionally occur I do not deny; but I am of opinion that an overwhelming majority of instances of this murmur occur, especially amongst working men, where there is absolutely no disease whatever; but, not being under medical observation, the fact is unrecognised. At all events, a more perfect acquaintance with the natural history of the sound and its causes will tend to divest it of any terrors due to the obscurity of its source, and take it out of the class "omne ignotum pro horribili." I have confidence, therefore, that a few exact and trustworthy observations on this murmur *in health* will not be considered useless.

It happens that I am medical officer to certain benefit societies, composed exclusively of working men. In examining those presenting themselves for admission, I have for years been struck by the large number of them, seemingly in rude health, who were subjects of subclavian murmur. I was at first un-

easy lest this should betoken latent mischief, but soon found that my cases of phthisis, heart and lung disease, were not in excessive proportion. This year I have kept an exact account of the number examined, the age and trade of each, with the proportion of them who were subjects of this sound. These I have put into the form of a table as below. No one was less than seventeen or more than forty-four years of age.

Trade.	No.	Right.	Left.	Both.
Porters	4	1	—	1
Painters	19	1	1	2
Photographer	1	—	—	—
Clerks	5	—	—	—
Domestic servants	2	—	—	1
Farriers	4	—	—	2
Coach, cab, and carmen	16	2	3	2
Carpenters	9	1	1	1
Gravedigger	1	—	1	—
Toll collector	1	—	1	—
Butchers	3	—	1	—
Masons, bricklayers, and plasterers	10	—	1	1
Gold refiner	1	—	—	—
Shopmen	6	—	—	—
Shoemakers	5	—	—	1
Smiths	7	—	3	—
Labourers	10	1	—	—
Tailors	3	—	1	—
Horsekeepers	4	1	—	—
Gardener	1	—	—	—
Sawyers	2	—	—	—
Police	2	—	—	—
Plumbers &c.	6	—	3	1
French polishers	2	—	—	1
Hydraulic engine-man	1	—	—	—
Unknown	4	—	1	—
Total	129	7	17	13

From this table it will be seen that of 129 men of the callings specified, 37, or more than one-fourth, were subjects of this murmur; nevertheless they were all in the enjoyment of perfect health, except for a hernia or some deformity of the extremities perhaps. I shall make no attempt here to speculate as to the effect of different callings in causing subclavian murmur, interesting as the question is, being fully aware that a vastly larger number of cases must be accumulated before such an attempt can be safely made.

The entire value, in a practical point of view, of subclavian murmur as an index of disease, depends upon its causation. If, then, I can show that it may arise from natural causes, and is compatible with the enjoyment of perfect health in a large number of persons, I shall have contributed towards a just estimate of its value as a sign of disease.

That the murmur is of arterial origin no one will doubt who has read Dr. B. W. Richardson's admirable essay on it in his "Asclepiad." I shall therefore take this as proved. The causes of the sound in health I believe to be several; of two at least I have no doubt—viz., (1) pressure exerted on the artery by a subclavian muscle enlarged by any cause; and (2) by diminution of its calibre from below by elevation of the first rib. The former of these causes is espoused by Dr. Richardson in his essay, where, if I understand him aright, he mentions no other origin for the murmur in health; the second is here advocated, as far as I know, for the first time. While admitting freely my belief that many instances of the sound have their origin in pressure by the subclavian muscle, I am of opinion that another series of them is caused by elevation of the first rib; and this view is supported by the following considerations: — 1. That in many cases the murmur is heard only during inspiration and holding of full breath, and that in others it is greatly increased at those times, though continually present in a less degree. 2. That this vessel rests on the surface of the first rib, which is usually grooved for it, indicating very close proximity; an elevation of this bone, then, by the scalenus anticus or otherwise (as by holding out the arm), will trench upon the calibre of the artery, and give rise to the murmur in conformity with the well-known law; when the rib falls again, the sound falls with it. The minute and constantly occurring irregularities in the distribution of arteries and other parts will naturally and easily account for the occurrence of the murmur in some individuals only. 3. That the murmur is much more frequently found on the left side than on the right, as all observers unite in saying. This circumstance appears to me to be owing to the different courses which the two arteries pursue with reference to the first rib; the left, arising deep in the thorax, passes up behind and hooks over the corresponding rib, and is thus much more likely to feel the effect on its calibre of an upward movement of that bone than the right subclavian, which follows a nearly horizontal course from the innominata.

That some other cause besides increased volume of the subclavian muscle operates in producing the murmur is evident from the fact of its more frequent occurrence in the *left* artery, whereas the *right* muscle is the strongest worker. Thus, in the above list, the three smiths presenting the sound all have it on the left side; the two sawyers examined had it not at all, yet this very trade—that of sawing—is specified by the advocates of the subclavian muscle as predisposing; and of nine carpenters, only three presented it. Again, there is no doubt that, in most cases, the action of raising the arm to a right angle with the trunk markedly increases the sound, and this is claimed by the advocates of the muscle as establishing their view; but I submit that it is equally calculated to prove that the elevation of the first rib is the cause, for the clavicle and it are so firmly united by the costo-clavicular and coraco-clavicular ligaments that the former cannot be raised without the latter partaking in the upward movement. The subclavian muscle itself also contributes to move the rib upwards; for, in the case contemplated, it takes action from the more fixed point (the clavicle) to the less fixed one (the rib).

In those cases where the murmur is heard to be increased during inspiration, or is only then present, a little caution is required in order to discriminate duly between the augmented murmur and the mixture of the natural vesicular with the arterial sound. The risk, too, of recording as subclavian murmur sounds produced by one's own stethoscope must be remembered, but can easily be avoided by searching for the murmur chiefly beneath the centre of the clavicle: it is only in the outer part of its course, where the artery emerges from beneath the bone, that I have been able to produce the sound at will. Were any confirmation wanted of the fact that the murmur is arterial, it would be found in the circumstance that it may often be heard rapidly increasing in intensity while nervousness under a somewhat protracted examination makes the heart beat fast and strongly.

I cannot but think that a careful consideration of the figures and facts given above will satisfy most that in a working man free from discoverable disorder this murmur is wholly untrustworthy as an evidence of disease. I studiously confine my assertion to the case of working men, because among them my observations have been made. As to the richer classes the medical officers of Life Insurance Companies could make highly interesting observations. Of the value of subclavian murmur as a diagnostic help when associated with other evidences of disease no one is more conscious than I am; but this forms no part of the object I have proposed to myself in this paper.

I do not conceive that any apology is due for recording thus the results of observations on the subclavian murmur, though made on perfectly healthy men; for I am fully persuaded that a large and productive field for observation lies before us in the investigation of a number of vital phenomena occupying the debatable ground between health and disease.

Upper Southwick-street, Hyde-park, March, 1864.

EXTENSIVE FIBRINOUS COAGULA IN THE HEART AND LARGE VESSELS DIAGNOSED PREVIOUS TO DEATH.

BY CHARLES F. POLLARD, ESQ., M.R.C.S.

THE following case, belonging to a class which is exciting at the present moment considerable attention, may, perhaps, prove interesting to the profession:—

Miss S. C——, aged thirteen years, from birth of a very feeble constitution. During the last six months has been much more delicate, losing her animal spirits, and being exhausted by the slightest fatigue; complaining frequently of shortness of breath, and exhibiting distressing somnolence, so much so that her parent had the greatest difficulty in keeping her awake unless actively employed. At the commencement of February, whilst on a visit to a friend, she was attacked with mild chicken-pox, which went through its stages most favourably

till the seventh day, when she complained of "spasm of the chest," difficulty of breathing, and extreme languor, the pulse being very feeble, the extremities cold, with slight sickness, and a short cough. By the application of a large mustard poultice, and the administration of ammonia and brandy, she rallied considerably, and in the evening was much improved; but on visiting her early the following morning, I found her in a most exhausted state, all but pulseless, with cold clammy perspiration, short, quick breathing, and extreme restlessness. Dr. Cotton visited her with me a few hours afterwards, and carefully examined her chest, and after a description of the previous symptoms, he diagnosed that the patient was suffering from clots on the left side of the heart, and possibly also in the larger vessels. Dr. Cotton has kindly favoured me with his reasons for having arrived at this conclusion. He says, "On examination I found the heart's sounds very confused and indistinct, and there was a murmur at the apex, apparently with the first sound, of a peculiar rough character, not very loud, and variable both in its quality and intensity. These circumstances (he adds), combined with the pulseless condition of the wrist, and the sinking state of the child, led me to conclude that there were clots in the heart and great vessels." Professor Partridge saw the patient a few hours afterwards, and coincided with the view Dr. Cotton had expressed. Stimulants were persevered in, but the same evening she died.

Subjoined is the result of the post-mortem examination fourteen hours afterwards, and in which I was kindly assisted by Dr. Godwin.

On opening the chest the lungs appeared somewhat anæmic, and there was serous effusion to a slight extent on both sides of the pleura. The pericardium was rough, both on its parietal and visceral portions, from a deposit of recent lymph. On removing the lungs and heart, a clot (having the appearance of black currant jelly) was seen protruding from the inferior vena cava, and was drawn out with perfect ease to the extent of eighteen or twenty inches, forming a complete cast of the cava, both common iliacs, and extending on the right side almost to the femoral vein. The lungs were healthy, with the exception of a single deposit of tubercle, in the second stage, in the substance of the lower border of the upper lobe of the right lung. The heart was considerably enlarged, and the clot in the inferior vena cava was continued into the right auricle, which was almost completely filled with a firm yellow clot of fibrin, apparently of not very recent formation, as it was firmly attached to the walls of the auricle, more particularly so in the auricular appendage. The same clot extended to the superior vena cava and the right ventricle, being continued into it by a more recent clot attached to another of the same fibrinous appearance which lined the ventricle. The pulmonary artery also contained a clot, blocking up the entrance, but not extending far into the vessel. The left auricle and ventricle were greatly distended by black semi-fluid blood, and the latter contained a smaller clot in the same decolorized state as those in the right chambers of the heart. The valves of the heart were perfectly healthy. The liver was enlarged to a considerable extent, but not otherwise diseased.

Brompton-crescent, March, 1864.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum, et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. *Proœmium.*

LONDON HOSPITAL.

MENSTRUAL RETENTION FROM IMPERFORATE HYMEN, WITH DISTENSION OF ONE OF THE FALLOPIAN TUBES.

CLINICAL REMARKS.

(Under the care of Mr. CURLING.)

THE following case is from the notes of Mr. James E. Adams, the dresser of the patient:—

Ellen G——, aged seventeen, a domestic servant, was admitted on Feb. 16th, 1864. States that up to five weeks before admission she had always enjoyed good health, but had never menstruated. About this time she began to feel shooting pains above the pubes, and at the same time noticed a tumour in the lower part of the abdomen.

On admission she was pale and weak, and complained of great pain in the abdomen, accompanied with difficulty in micturition and defecation, the bowels only acting once in two or three days with medicine. Dr. Barnes saw the patient with Mr. Curling. On examination, the hymen was found imperforate, thickened, and forming a tense, elastic projection between the labia. A tumour was felt in the hypogastric region. It was of an elongated form, and very movable. On passing the finger into the rectum, a large tense swelling in front projected into the bowel, and almost blocked up the passage. She had considerable difficulty in micturition, and had suffered from retention of urine two or three times, and been relieved with a catheter.

As the symptoms were obviously dependent on retention of the menses, it was determined to relieve this by opening the hymen, which was done the next day by Mr. Curling, who excised a circular portion of the thickened membrane. The incision was followed by a copious flow of a dark grumous fluid, like pale treacle, which continued to ooze away for several days. On examination of the fluid with the microscope, the blood globules were found well preserved.

Feb. 20th.—Patient says she has been almost entirely relieved by the operation, but still feels some slight pains occasionally. The tumour in the abdomen has quite disappeared. Has had some castor oil, which relieved the bowels, and the appetite is much better.

24th.—Discharge has quite ceased, and she feels no pain. Mr. Curling, having ascertained by examination that there was a free aperture in the hymen, allowed her to leave the hospital on the 27th.

Mr. Curling, in some clinical remarks, stated that the case just related was not very common, but was one of considerable practical interest. The escape of the menstrual fluid being prevented, an accumulation takes place in the vagina, causing a tumour, which presses on the bladder and rectum, and seriously interferes with micturition and defecation. In this instance the duration of the retention was short, so that there was no symptom of any great enlargement of the uterus; but there was an oblong tumour loose in the abdomen, which was no doubt produced by distension of one of the Fallopian tubes. During his long connexion with the hospital a few cases of this affection had come under his notice. In 1836 a single woman, forty-two years of age, applied for relief as an out-patient on account of difficulty of menstruation; and on examination the hymen was found closed. It appeared that upwards of twenty years before she had been operated on by Sir Benjamin Brodie, who had discharged a large quantity of menstrual fluid. The part had since closed several times, and had been repeatedly lanced. The late Mr. John Scott, then surgeon to the hospital, managed to introduce a director without much force, and let out about ten ounces of a thick dark coloured fluid. The tendency to closure which had existed so long in this case showed him (Mr. Curling) the importance of making an opening that would remain patent; and in operating on E. G—— he was particular to excise a portion of the thickened membrane, so as to ensure afterwards a permanent aperture.

Some years ago, a stout young woman, aged eighteen, was admitted into the hospital on account of supposed retention of urine. On attempting to pass a catheter, Mr. Curling discovered a tumour in the vagina pressing on the bladder, and which rendered the introduction of the instrument difficult. The bladder was nearly empty. The hymen was imperforate, and formed a large conical projection. The bowels were constipated, and the rectum was found to be encroached upon in front by a fluctuating tumour. The abdomen was much distended, and the patient complained of great pain in the back and loins, and was unable to sleep. He ascertained that she had never menstruated, and that these symptoms had been coming on gradually for several months. Mr. Curling punctured the thickened hymen with a lancet, when a thick reddish-brown fluid spirted out to some distance, and after excising a portion of the membranes upwards of two quarts of this fluid escaped. She was immediately relieved. A slight discharge ensued for a few days, and in a week she left the hospital.

Though he had not himself witnessed any serious result, it was right to state that the retention of the menstrual fluid was not free from danger. It has happened after the operation that fatal peritonitis has been set up. This is supposed to have

arisen from the fluid contained in the Fallopian tube escaping into the abdomen. He was not therefore free from anxiety respecting the issue of this case, and was happy to find that the abdominal tumour disappeared without any ill result, the retained fluid no doubt having passed from the Fallopian tube into the uterus, and found its way out by the vagina.

KING'S COLLEGE HOSPITAL.

A PERIOSTEAL NODE OF THE CERVICAL VERTEBRÆ, CAUSING OBSTRUCTION OF THE PHARYNX; RAPID SUBSIDENCE OF THE SWELLING UNDER THE USE OF IODIDE OF POTASSIUM.

(Under the care of Mr. WATSON.)

THE following report of this case is from notes by Messrs. De la Cour and Parsons, dressers of the patient:—

Sarah B——, a married woman with three children, two of whom are still living, applied at the hospital on the 13th of January, 1864, complaining of pain, tenderness, and swelling over the right half of the frontal bone. She had also an indurated swelling on the centre of the right clavicle, which had been painful for the last month, and was excessively tender on pressure; and, on examining the pharynx, a tumour was seen projecting forwards, which was hard and resisting to the touch. There was no acknowledged history of any venereal disease. There were no nodes on the tibia or ulna; but she had a patch of ulcers over the right frontal region, having the characters of lupus exedens. She was ordered to take iodide of potassium, in six-grain doses, three times a day; a compound opium pill every night; and to have the clavicle painted with iodine.

Jan. 15th.—There is great difficulty of swallowing, and she is unable to take any solid food in consequence. The tumour reaches as far forward as the soft palate. It is still hard and resisting, and the surface feels almost bony in consistence at some points. The iodide to be continued.

18th.—There is less difficulty in swallowing. On examining the tumour with the finger, it is still hard and resisting, and there is very little perceptible diminution in its bulk.

27th.—Her appearance is remarkably improved, the dusky pallor having given place to a ruddier tint and more healthy complexion. The node on the clavicle and that in the pharynx have both sensibly decreased in size. She can now swallow solids easily.

Feb. 1st.—The pharyngeal tumour has almost disappeared, and that on the clavicle is much smaller and quite free from pain and tenderness. The dose of iodide was now diminished to three grains, and subsequently to two grains.

March 15th.—Her health has steadily improved. On passing the finger into the pharynx there is perceptible a nodulated swelling in front of the vertebræ.

ST. BARTHOLOMEW'S HOSPITAL.

SEQUEL TO THE CASE OF SUBCUTANEOUS MELANOSIS SCATTERED OVER THE TRUNK AND EXTREMITIES.

(Under the care of Mr. LAWRENCE.)

As was anticipated, the patient who was the subject of disseminated subcutaneous melanosis, recorded in our "Mirror" of February 13th, died shortly afterwards. He was removed from the hospital, but a post-mortem inspection was obtained by Mr. Eccles, Mr. Lawrence's house-surgeon, at the patient's house. It may be truly said that all the abdominal and thoracic viscera were affected, more or less, with melanotic deposit. This was especially noticeable in the sub-peritoneal tissue, and in the heart. Indeed the latter organ was a perfect curiosity in its way, for its external surface was studded with various-sized melanotic knobs, which gave it a very singular appearance. The lining membrane of its cavities was likewise diseased. This organ is fortunately preserved to science in the museum of the hospital. The brain was, no doubt, involved, from the sight of one eye being affected, but an examination was not permitted. The large mass in the groin was discovered to be melanotic, and, in common with other parts, was so loaded with a dark brownish-coloured pigment, as to stain and discolour paper on rubbing the cancerous exudation over it.

This case very forcibly illustrates the contamination of the general system with malignant disease, no doubt a common occurrence in fatal carcinoma, but especially notable when associated with the deposit of melanotic pigment. We showed that in this case there was a mixture of scirrhous and encephaloid carcinoma, infiltrated with melanosis, the former chiefly existing externally, and the latter internally.

UNIVERSITY COLLEGE HOSPITAL.

PRIMARY DISEASE OF THE STERNO-CLAVICULAR ARTICULATION.

(Under the care of Mr. ERICHSEN.)

DISEASE of a primary nature occurring in the sterno-clavicular joints is unnoticed in surgical works, and a reference to two of the latest—those of Barwell and Bryant—has failed to elicit any information regarding it. It becomes therefore interesting, not only from its rarity, but from the difficulty experienced in treating it.

Thos. D. N——, a baker, aged fifty-three, was admitted on the 12th of January, with disease of the left sterno-clavicular articulation. He could not give any well-defined history of the disease, nor say how it arose. The skin was red and excoriated over it, and a discharge of matter occurred from the interior of the joint, following an abscess above it. Grating could be felt in the joint on lifting the arm, and this caused a painful sensation. The arm was firmly bandaged to keep the articulation quiet, and it was hoped that ultimately anchylosis would ensue.

It is probable that the disease arose from some constitutional vice, such as gout or rheumatism.

FARRINGDON GENERAL DISPENSARY.

RELATIONSHIP OF HERPES CIRCINATUS AND TINEA FAVOSA.

(Under the care of Dr. TILBURY FOX.)

CAROLINE T——, a child aged seven years, was brought to the dispensary on the 15th of February last with coexistent herpes circinatus and tinea favosa on the right side of the body. The mother stated that the disease had existed about five weeks, and began at the lower angle of the scapula as a little "round red rim, with a little yellow dot in the centre about the size of a pin's head; then another round rim formed a circle" around the first one. From the mother's description it was clear that the disease commenced like herpes circinatus, but that the aspect of favus showed itself at once in the central part of the diseased patch. On the right side of the back, just about the inferior angle of the scapula, was a spot whose area would be covered by the half shell of a moderately-sized walnut, evidently made up of three separate spots or circles. It was red, and at first sight looked like a patch of chronic eczema; it was dry, and covered over in greatest part of its surface by a thin, laminal, dry, yellow crust; and the mother stated that this was sometimes a quarter of an inch thick. The crust when examined was found to be wholly composed of fungus, and presenting the most characteristic features of achorion Schönleinii. Scattered over the parts around were solitary red, slight elevations about the size of split-peas, presenting now and again little yellow points at their centres. But by far the most striking appearance was the existence of little circles of herpes circinatus scattered generally over the right half of the body posteriorly from the shoulder to the hip and buttock. These had made their appearance lately; the favus patch was the original herpetic spot. The circles varied in size from that of a threepenny-piece to nearly that of a shilling; and in the furfuraceous desquamation the microscope detected not only filaments and sporules usually regarded as trichophyton, but also here and there large oval spores, like those of the achorion. There was one spot on the nape of the neck like those on the general surface of the body. The diagnosis of the first existence of favus and herpes circinatus was confirmed by several gentlemen well up in dermatological matters.

In this case may be recognised the coexistence of two distinct diseases, or two different stages of one and the same disease—i.e., variation in *degree*, not *kind*. Unquestionably the characters of herpes circinatus were first developed, either disease could claim priority in this respect. The woman's description was very decided and clear upon the point. She

declared that the central (or oldest) part was "yellow" at the earliest moment of observation on her part; whilst the circumference (or recent portion of the patch) formed a red ring. Hence the disease favus must have been produced by development from herpes circinatus, or by the implantation upon the latter of the achorion Schönleinii. But see the want of supporting evidence *quoad* the latter supposition. Whence came the achorion? No favus patient or favus matter could be found (as in Dr. Jenner's cases) as a probable or possible source of derivation of germs—difficulty No. 1. The favus seemed to develop out of the herpes circinatus by simple transition, as a matter of simple and sensible observation—difficulty No. 2. Then the two, if distinct diseases, evolved themselves at the same exact time—a coincidence (if a coincidence) of peculiar import, giving rise to difficulty No. 3. The three difficulties are arguments in favour of the identity in nature of the two diseases, amounting in their aggregate perhaps to probability only, but still of serious extent. It has been shown by the evidence of transitional forms, by artificial germination, by the comparison of microscopic evidence, and by the production, clinically, of herpes circinatus from the implantation upon the surface of favus matter, that the differential criteria between herpes circinatus and favus and their accompanying fungi are not sufficient in a diagnostic point of view, but that a close relation, if not identity in kind, exists between the two named diseases. Opportunity would seem to have furnished the present case as evidence pointing in the same direction; for, setting aside the naked-eye evidence of direct transformation, in the patches of herpes circinatus were noticed not only sporules and mycelium like trichophyton, but also large oval sporules and jointed tubes identical with achorion, and spots here and there on the head formed subsequently—a compromise, as it were, in appearance between the two diseases.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MARCH 22ND, 1864.

MR. PARTRIDGE, PRESIDENT.

ON A NEW METHOD OF PROCURING THE CONSOLIDATION OF FIBRIN IN CERTAIN INCURABLE ANEURISMS.

BY CHAS. H. MOORE, F.R.C.S.,
SURGEON TO THE MIDDLESEX HOSPITAL.

WITH THE

REPORT OF A CASE IN WHICH AN ANEURISM OF THE ASCENDING AORTA WAS TREATED BY THE INSERTION OF WIRE.

BY CHARLES MURCHISON, M.D., F.R.C.P.,
PHYSICIAN TO THE LONDON FEVER HOSPITAL, ASSISTANT-PHYSICIAN TO THE MIDDLESEX HOSPITAL.

In this joint paper the theory of the operation was first described by Mr. Moore. Dr. Murchison furnished the report of the case, with medical comments upon it. For the surgical remarks, Mr. Moore was alone responsible.

In February, 1863, Mr. Moore had been led to review the conditions of such aneurisms as could not be surgically treated through the artery, and had devised a method of producing consolidation of them in accordance with the mode of their natural cure.

The principles involved in this method were—1, that large aneurisms can only be benefited by the deposition of fibrin within them; 2, that the natural means of obtaining fibrin from the blood are inadequate, because it can only settle in layers on the wall; 3, that in the central part of an aneurism there is a large quantity of blood with fibrin ready to collect on any apt material; 4, that fibrin may be elicited from arterial blood by exposing a foreign body in it. Two cases were quoted in which this had occurred: one, an instance in which gangrene of the leg had resulted from plugging of the arteries by fibrin detached from a needle in the left ventricle; the other, that of a sailor, who died three days after being shot, and in the interior of whose ascending aorta was a bullet imbedded in fibrin.

The foreign body which, according to our present knowledge, would produce least irritation was wire. If a large quantity were coiled in an aneurism, it would attract fibrin, as the twigs do in whipping freshly drawn blood, support the mass which it entangled, and lead to the cavity of the aneurism being eventually filled. The wire might be passed in through a small canula, with care not to leave the last end in the minute wound, and not to direct a coil into the orifice of the artery.

Only a sacculated aneurism could be so treated, not one which had two orifices, since fragments of fibrin would be broken off by the force of the current. Brasdor's operation might be previously required in some parts. This danger might be incurred in a sacculated aneurism also, if wire enough were not introduced, because of the large intervals which would be left between the few coils of wire. The wire would remain in the solidified aneurism, and be harmless.

Mr. Moore then described the operation by which the foregoing proposal might be carried out.

Report of a case of Saccular Aneurism of the Ascending Aorta projecting through the Anterior Wall of the Left Side of the Chest.

Daniel D——, aged twenty-seven, became a patient at the Middlesex Hospital, under Dr. Murchison, on Nov. 10th, 1863. Eight years before, he began to suffer from palpitations and dyspnœa, and after some months he had an attack of hæmoptysis. The hæmoptysis recurred at intervals, and in Nov. 1862 he first noticed a pulsating swelling in front of the chest, to the left of the sternum. This increased with considerable rapidity, and the patient now became subject to severe attacks of angina pectoris. At the time he first came under observation, the tumour was situated in the angle formed by the left clavicle and the left margin of the sternum; it measured 10 inches in circumference at its base, and projected about 2 inches from the wall of the chest; its surface was rounded, and tolerably uniform, except at the upper part, where there was a tendency to point. Over the whole surface of the tumour distinct pulsation could be felt, each beat corresponding to the impulse of the heart. Nothing resembling an aneurismal bellows-murmur could be heard; but both cardiac sounds, and particularly the second, were louder over the tumour than at the base of the heart. There was dulness on percussion to the right of the tumour, over a space measuring 2 inches transversely, and 3 inches from above downwards. The apex of the heart could be felt beating between the fifth and sixth ribs. The cardiac dulness was slightly increased, but the sounds heard on auscultation were normal. There was no inequality of the arterial pulse on the two sides of the body. The voice was normal. The patient had an occasional cough, and expectorated a viscid muco-purulent matter, but there was nothing peculiar in the character of the cough. Over the whole of the left side of the chest there was comparative dulness on percussion, with coarse, at some places tubular, breathing, and subcrepitant râle. On the right side of the chest the percussion was clear and the breathing puerile. The appetite and digestion were good, and the bowels regular. There was no dysphagia, and no pain or tenderness at any part of the spine. The pupils were of normal and equal size. On Nov. 20th, and again on Dec. 28th, the urine was ascertained to be free from albumen.

After the patient was admitted into the hospital, on the 20th of November, the attacks of angina almost entirely ceased. The pulse varied from 104 to 116 when the patient sat up, but would fall to below 100 when he lay down. The size of the tumour continued to increase, until, on the morning of Jan. 7th, 1864, it measured 16½ inches at its base, and projected 2½ inches from the wall of the chest. The tendency to point at its upper part became more decided, and the integuments at this part were much attenuated, and assumed a dusky-red discoloration, while occasionally they were the seat of pricking pains, and were slightly tender. These changes were most marked during the last week of December and the first week of January. The patient's general health notwithstanding did not suffer. He ate and drank well; he got up daily, and walked about the ward. On the evening of January 6th he played a game of draughts with another patient, and on the following morning he was up and walking about as usual.

Early in January it became obvious that the bursting of the aneurism through the integuments could not be long delayed. It was accordingly resolved to recommend to the patient Mr. Moore's proposed operation. During the month of December this operation had been carefully considered, but it was then deemed unadvisable to have recourse to it. It was now explained to the patient that the procedure in question offered some chance of prolonging his life, although in itself it was not free from danger. The patient at once assented, and the operation was performed on Jan. 7th, at half-past one P.M.

The operation consisted in the introduction of a quantity of fine iron wire into the aneurism, with the object of inducing coagulation. A small pointed canula was inserted into the

tumour, and the wire was passed in through this without difficulty. The operation occupied one hour, and the quantity of wire introduced was twenty-six yards. It gave rise to no pain or inconvenience excepting a slight and transient feeling of faintness. The quantity of blood lost did not exceed half a fluid ounce.

The immediate effects of the operation were a reduction of the pulse from 116 to 92, an almost complete cessation of the pulsation in the tumour, and a diminution in its size. Immediately before the operation, the circumference of its base was 16¾ in.; at the close of the operation it was 16 in. These changes began to be noticed soon after the commencement of the operation, and became more marked as it was proceeded with. At a quarter past eleven P.M. the patient was asleep, and his pulse was only 78. He slept comfortably during the night, and had no bad symptom until the following morning.

On Jan. 8th, at nine A.M., the patient was seized with a fit of rigors lasting three quarters of an hour, and followed by great pain in the back of the neck and some pain in the tumour. At one P.M. the pulse had risen to 144, and was full and bounding. The action of the heart was tumultuous, and all the arteries of the body could be felt throbbing with considerable force, but there was no difference in the force or volume of the beat on the two sides of the body. The patient complained of great pain in the tumour when he moved. The tumour was already somewhat larger than before the operation, and the dusky discoloration was of a deeper tint. There was intense thirst and great restlessness; the skin was dry and very hot; and the respirations were 40. At twenty minutes past one P.M. the patient was bled to the extent of eighteen ounces, and at half-past three P.M. twelve ounces more blood were abstracted. After the second bleeding twenty minims of Battley's sedative solution were administered.

From these measures the patient derived temporary relief, but he had a restless night, and at half-past six A.M. of the following morning (Jan. 9th) he had a second attack of rigors. At one P.M. he had a third attack. At half-past one he was in great distress, owing to pain in the tumour and at the back of the neck. The tumour was extremely tense and decidedly tender, particularly at its upper part. Its circumference at the base measured 1¾ in. more than before the operation. Distinct pulsation could be felt again at its upper part. The pulse was 136 and soft; the action of the heart was less tumultuous, and there was no abnormal cardiac sound. Large and repeated doses of opium and digitalis were now commenced. At half-past ten P.M. the pulse had fallen to 126, but the patient complained of being afraid to cough on account of a severe jerking pain in the tumour, which the effort to do so always induced.

On Jan. 10th, at ten A.M., the patient had taken seventy-three minims of tincture of digitalis, and the equivalent of almost ten grains of opium, during the preceding twenty-one hours, and the result was, that he was in less pain, the pulse had fallen to 104, and the tumour was slightly reduced in size, its circumference being half an inch less than on the preceding day. At half-past seven P.M., however, he was seized with a severe burning pain in the tumour, and a feeling of tightness as if it were going to burst. The tumour was larger and more tense than ever; the pulse rose to 132; the heart's action was again more impulsive, and there was intense thirst. To-day it was noted for the first time that the pulses in the right temporal and radial arteries were slightly fuller than in the corresponding vessels on the left side.

Opium in large and repeated doses, along with digitalis, was persisted with. In the course of two days and a half (commencing on Jan. 9th) as much as the equivalent of twenty-seven grains of opium was administered. The treatment, however, failed to give relief. The tumour increased rapidly in size, and on the 11th distinct pulsation could be felt at several parts of its surface. The radial pulse was 128, small and compressible, and still fuller on the right side. The beat of the right anterior tibial artery was also decidedly fuller and stronger than that of the left. The cardiac impulse was extremely feeble. The respirations were performed chiefly by the diaphragm and the muscles on the right side of the chest; the left side of the chest was almost motionless. The whole of the left side of the chest in front, unoccupied by the tumour, was dull on percussion, and no respiratory sound could be heard on this side, except immediately below the clavicle. Brandy and other stimulants were now given, but without any decided result.

On the morning of the 12th the patient was evidently sinking. The pulse was about 136, but was so weak as to be counted with difficulty. The circumference of the tumour at its base was now 3½ inches more than before the operation, and the urine passed during the night was found to be loaded with albumen. At eleven A.M., four days and twenty hours and a half after the operation, the man died.

An autopsy was performed a few hours after death. The walls of the external tumour were formed by the integuments and fibres of the pectoral muscle, infiltrated with serum. They were nowhere less than a quarter of an inch in thickness. The skin covering a great part of the tumour presented a deep livid hue. The interior of the tumour was filled, for the most part, with a fibrinous coagulum, enveloping and imbedded in the coils of wire, and firmly adherent to the surrounding walls. The rest of the cavity contained fluid black blood. The interior of the outer tumour was nowhere lined with a prolongation of the arterial coats; but it communicated with the proper aneurismal sac within the chest by two large openings in the first and second left intercostal spaces, the intervening rib being bare and eroded, and at one place broken through. The aneurismal tumour within the chest was about the size of a man's fist. It lay immediately behind the sternum; it encroached slightly upon the upper lobe of the left lung, and inferiorly it rested upon the right auricle. It was partially filled with a fibrinous coagulum, which was continuous with that in the outer tumour, and was adherent at one part over a space measuring about one-third of an inch in diameter. It communicated by a circular opening, scarcely so large as a sixpence, with the ascending aorta. Through this opening a clot projected from the aneurism into the vessel, and extended downwards into the heart, and upwards into the arch. The greater part of this clot was evidently of post mortem date; but part of it, close to the opening, was pale, firm, and laminated. There was considerable atheroma of the coats of the thoracic aorta. The pericardium contained about eight ounces of turbid serum, and its opposed surfaces were coated with a thin layer of recent lymph. The upper part of the parietal pericardium presented a patch of livid discoloration, about the size of a florin; and at the centre of this patch the cavity of the pericardium was merely separated from that of the aneurism by a delicate membrane. It was at this part of the aneurism that the coagulum was adherent. The heart was slightly hypertrophied. Its valves and muscular tissue, and likewise the coronary arteries, were healthy. The left lung was everywhere firmly adherent, and its pleura much thickened. On section, numerous cavities were observed, evidently resulting from dilatations of the bronchial tubes. In the intervening spaces a firm fibrous tissue took the place of the normal vesicular structure. The right lung was for the most part healthy. Both kidneys contained a number of circumscribed abscesses, varying in size up to that of a small pea. A cluster of six of these small abscesses was found at the apex of the left kidney. In the cortical substance of both kidneys a number of patches of yellowish deposit, of a large size, but less defined outline, were also observed. On microscopical examination, this appearance appeared to be due to the presence of a granular exudation deposited between the uriniferous tubes. The liver was large and fatty. The other parts of the body could not be examined.

After recording the history and post-mortem appearances of the case, Dr. Murchison enumerated some of the more important features of clinical interest, independent of the operation, which it presented.

In his concluding remarks, Mr. Moore referred first to the circumstances of the operation, and to its early effects, which were highly satisfactory. So much fibrin appeared to have collected at the end of an hour that the pulsation of the tumour and its sharp second stroke were no longer perceptible; the aneurism had much diminished in size; the pulse, which, notwithstanding medicines, had beat 112 for weeks previously, and was 120 before the operation, had fallen to 92, and at night was about 80. This unlooked for abundance of the fibrin, accumulated not by an inflammatory, but by a mechanical process, was an unprecedented circumstance. Its effects could not be foretold. It appeared to have caused local inflammation and the rigors, with great acceleration of the pulse. No aneurism could long resist such a pulse. Death had probably resulted from acute pericarditis, which was induced, not by continuity with the inflammation outside the chest, since neither the inner aneurism nor the pleura were inflamed, but incidentally by the imminent bursting of the intra-thoracic aneurism into the pericardium. No fragments of the clot of fibrin, large enough to be detected by the naked eye, had been detached, but microscopic portions were supposed to have existed in the kidneys. Neither the old nor the recent disease of the kidneys had actually caused death, which was due to the changes about the chest, and was, through the pericarditis, an indirect and not inevitable consequence of the operation. No coil of wire had passed through the opening of the aneurism.

Three facts appeared to Mr. Moore to justify a repetition of the operation, or of some modification of it:—1. The separation of fibrin upon the foreign body, and its rapid deposition. 2. The exemption of the inner aneurism from inflammation, probably to be accounted for by its possessing a lining membrane, which the outer cavity had not. 3. The firm adhesion of the clot to the wall.

Not having yet thought of a more suitable foreign body than wire, he had but two modifications of the operation to suggest: 1. The introduction of a smaller quantity. The objections to this had already been pointed out. 2. The use of slender needles as temporary means of procuring the consolidation of the fibrin. The safety of this must depend on the number of needles which might be inserted, the gentleness with which they should be withdrawn, and the period at which fibrin so procured should acquire a sufficiently firm attachment to the wall of the aneurism to allow of the artificial support of the needles being dispensed with.

The PRESIDENT inquired if the reading of Mr. Moore's concluding remarks was essential, the time of the Society's meeting having nearly expired.

Mr. MOORE said he should be happy to spare the Society from the reading of his remarks in full, and very briefly recounted their principal points. In answer to another question by the President, Mr. Moore observed that the method of treatment which he had suggested differed from that by galvano-puncture in that the latter caused consolidation of the entire mass of the blood between the points of the needles, which was objectionable, as not being permanent and curative; whilst the former elicited fibrin from the blood, which was the material of natural cure.

Dr. COPLAND remarked that the case was one of very great importance, but it proved nothing in favour of the mode employed for coagulating the blood in an aneurismal tumour. It would be observed, however, that the wire had not been introduced into the inner aneurism, and this to some extent might explain the failure of the proceeding. Moreover, he thought that no such plan could supersede the treatment of aneurismal tumours by diet and medicine, which he believed in most instances would be found more effectual in coagulating the blood. The case before the Society might, however, serve as a guide to surgeons for the future; but the proceeding should not be resorted to so long as diet and medicine could afford benefit.

Mr. HILTON wished to ask Dr. Murchison what he considered to have been the cause of the patient's death.

Dr. MURCHISON stated, in reply, that several causes had, in his opinion, contributed to the fatal termination. In the first place he was inclined to put the contamination of the blood with inflammatory products derived from the tumour, giving rise to pyæmia and embolism. The purulent deposits found in the kidneys left no doubt as to the existence of pyæmia. These deposits had been carefully examined microscopically by himself and by Dr. Cayley (the pathologist to the Middlesex Hospital), and had been found to present all the characters of pyæmic abscesses. It was true that they were small, the largest being about the size of a small pea; but this circumstance was at once accounted for by the short time that the patient had survived the supervention of the symptoms of pyæmia. An important observation had been made in this case on the third and fourth days after the operation—namely, a very appreciable difference in the force and volume of the arterial pulse on the two sides of the body. This condition had not existed previously, and was not accounted for by the anatomical relations of the aneurismal tumour. No opportunity had been afforded of examining the arteries of the limbs after death, but the observation referred to, taken in connexion with another morbid appearance found in the kidneys—namely, that of extensive inter-tubular deposit of a recent nature—led him to infer that embolism was one of the results of the operation. An observation had been made in the case which seemed to clinch, as it were, the development of these lesions found in the kidneys at a date posterior to the operation. Before the operation the urine had been free from albumen, but the urine passed on the day before death had been loaded with albumen. It was worthy of remark, that the anatomical characters of the aneurism were less favourable to the contamination of the blood with fibrinous flakes and inflammatory products than they would probably be in most aneurisms where the operation would be thought of. The orifice of communication with the aorta was small—not so large as a sixpence; and the whole of the proper sac of the aneurism within the chest had been interposed between the aorta and the external tumour, into which alone the wire had been introduced. Nevertheless, the blood had become contaminated. With regard to the pericarditis, it was a subject for speculation how far it was pyæmic in its origin, or whether it was due to a propagation by continuity of the inflammatory process from the sac of the aneurism, or resulted from the threatened bursting of the aneurism into the pericardium. The last explanation might be the true one; but while it was uncertain if the bursting of an aneurism into the pericardium was usually preceded by pericarditis, there could be no doubt that the pyæmia existing in this case would predispose strongly to pericarditis excited by any cause; and the fact that the pyrexia was ushered in with repeated attacks of severe rigors indicated that the pyæmia, rather than the pericarditis, was the first link in the chain of morbid events. Moreover, it was probable that the pointing of the aneurism in the direction of the pericardium was determined by the operation. Although an aneurism of the thoracic aorta often burst spontaneously into the pericardium, it was well known that this was a very rare event when there was an external tumour. The condition of the circulation on the day after the operation—a full, bounding pulse of 144—was extremely favourable to the giving way of a weak portion of the aneurismal sac. The causes of death, then, appeared to be pyæmia and pericarditis supervening on the operation.

Mr. FERGUSSON regretted that this case had been detailed with so much unnecessary minuteness, thereby occupying so much time that there was no opportunity of discussing it. It should have been condensed into one-fourth of the space which it occupied. (Hear.) The case, however, was one of great interest, and the Society must feel grateful to Mr. Moore and Dr. Murchison for the description of a case and of a mode of proceeding never before put into practice on the living body. He regretted that the experiment had not been carried out to its full extent, the wire not having been introduced into the aneurism proper, so as to produce a more direct influence of the heart's action on the blood. He considered the proceeding would be justifiable in cases similar to the one related, and in those aneurismal tumours of a more surgical character in which the mode of treatment to be pursued did not clearly suggest itself to the surgeon. The plan of passing wires and needle into aneurismal tumours had been suggested as much as thirty years ago; but he had never heard that it had been actually carried into practice until the present case.

Mr. MOORE, in reply to the observations of Dr. Copland and Mr. Fergusson, said that in the performance of the operation he had taken particular care not to introduce any of the wire into the inner aneurism, both because he had considered it essential to keep the distribution of it within that cavity which he had explored with the probe, while of the inner aneurism, and of what might become of the wire in it, he knew nothing; and also because, had the patient survived and required it, the treatment of the inner aneurism might have been the subject of subsequent consideration. He bowed to the opinion enunciated by Dr. Copland, that no aneurism should be submitted to this treatment so long as medical and dietetic measures were of service; and he should not think of recommending or adopting it except when these measures had lost their beneficial effect on the aneurism. Beyond those circumstances of the case which appeared to his colleague, Dr. Murchison, to have occasioned the fatal issue, he ventured to call attention to one other which he thought to be the most important and the starting-point of them all—namely, the very large mass of fibrin which had collected through mechanical means in the aneurism. To it he attributed both the local and the constitutional excitement which had commenced on the morning after the operation, and had, he believed, caused the pericarditis and the death. The main question before the Society of course was the prospect of advantage which this case held out from a repetition of the operation, or of a modification of it. He had come to the conclusion that the fatal issue was not an essential inevitable result of the operation, and that cases might occur in which it would prolong life. The first effect of the insertion of the wire had been very surprising, the pulsation of the aneurism and the peculiar sharp second stroke having become imperceptible at the end of an hour. This fact implied that the same effect might be produced in a little longer time with a smaller quantity of wire than had been used in the present case, and that that portion of it which had been inserted with difficulty might have been dispensed with. He did not wish, however, to be supposed to be laying down a positive rule for the treatment of other and perhaps dissimilar cases. The grounds on which the operation was based were all of them facts previously known, and familiar to all the Fellows present, whom he considered equally capable with himself of forming an opinion, and of contributing to avert the causes of the failure of the proceeding in the present case.

Some discussion subsequently took place respecting the reading of very long papers *in extenso*, and some irregularities in the manner in which papers were forwarded to the Society. The matter will probably come before the Council.

Reviews and Notices of Books.

he Nineteenth Report of the Committee of Visitors of the County Lunatic Asylum at Hanwell. January Quarter Sessions, 1864.

The Thirteenth Annual Report of the Committee of Visitors of the County Lunatic Asylum at Colney Hatch. January Quarter Sessions, 1864.

ON the last day of 1863 the Hanwell Asylum had 593 male and 1009 female patients. Colney Hatch had at the same date 774 male and 1156 female patients. Both asylums were nearly full. The female side at Colney Hatch had for some time been full, and 74 patients applying for admission were sent away last year; and at Hanwell the Visitors report that there are now very few vacant beds on the female side. Thus this great experiment of congregating in one asylum such a mass of lunatics has come to a stand. The Committee of Colney Hatch have determined to proceed no further with the system. "The Commissioners in Lunacy (they report) called the attention of the Committee to this matter upon their annual visit to the asylum, and the Committee, having given their best consideration to the subject, are satisfied that it would not be desirable to enlarge the building, which opinion they have communicated to the Commissioners." Hanwell also is already so much added to, and the buildings are crowded together in so limited a space, that no ingenuity could devise any further extension of the fabric.

A third asylum is now wanted for the county of Middlesex. What are its proportions to be? Is it to rival the metropolitan in size, or the county asylums in successful management?

We are thus led to the question, Has this system of large asylums, like Hanwell and Colney Hatch, answered? and if not, what limit does experience place on the enlargement of our county asylums? With the exception of Hanwell and Colney Hatch, and more recently of the West Riding Asylum at Wakefield, the average population of our large county asylums does not exceed 700 patients, in the proportion of about 300 males to 400 females; and experience and common sense alike suggest that the supervision of the varied details of an asylum for 700 patients is about the limit of one medical superintendent's powers. If the system is to be worked as one harmonious whole, every detail being subordinate to one plan, and that plan the systematic product of one medical mind, it needs no argument to show that the government and direction of the several departments of a county asylum—the medical treatment of the lunatics, the control of the attendants, nurses, and servants, and the supervision of the matrons', stewards', and bailiffs' duties—will demand all the time and energies of an active medical superintendent. That in the government of a public asylum it is to the advantage of the patients that the duties of these several departments should be subordinate to the medical authority, and so become direct agents in their curative treatment, is a principle admitted by every man of experience in asylum management, and which many years ago was strongly urged by Dr. Conolly in his Hanwell Lectures, as published in THE LANCET. The Commissioners in Lunacy also uniformly, on principle, opposed the consecutive enlargements of Hanwell and Colney Hatch Asylums. On the other hand, to work an asylum of 2000 patients, this principle of a systematic medical control must at once be abandoned; and, both in theory and practice, it is so at Hanwell and Colney Hatch. The Committee of Visitors govern these two asylums (with but comparatively moderate success), hiring and discharging the servants, regulating by their minutes the number of attendants to be employed in the wards, the diet and method of its cooking, the leave and other indulgences to be granted to the attendants and servants, the hours at which the medical officers are to be absent from the asylum, recording the hours during which even the medical superintendents are absent from the building and those in which they visit the wards, forbidding the assistant medical officers to be out after ten P.M., &c. &c.: interfering thus in the minute detail management of the establishment. In order to this they hold long weekly and fortnightly meetings at the asylum, unsettling by their presence the whole routine and quiet of the place. The medical and other officers, the steward, the matron, the clerk of the works, are each in charge of their own departments, and each make their confidential reports to the Committee. Dealing with such large numbers and such large pecuniary interests, the responsibility devolving on the Visitors is, of course, very great, and all familiar with the working both of Hanwell and of Colney Hatch know how diligently and anxiously Sir Alexander Spearman and Mr. Wyatt perform their respective duties of chairman. Still the medical authority in these asylums does not exercise the influence it ought in the counsels of the Visitors. "The medical superintendents (write the Commissioners in their last Report on Hanwell) should have more assistance given to them, and should be invested with greater powers and responsibilities, and the present state of several departments of this institution confirms us in this opinion."

The question remains whether the county gains in economy, after the building and maintenance charges, by this otherwise objectionable system of large asylums and their consequent results? The answer is a decided negative. Colney Hatch is one of the most expensive asylums which has ever been built, having cost over £200 per bed (which is £30 above the average); and while the central offices, kitchens, stoves, &c., are magnificent beyond their requirements, the patients' wards and airing courts, &c., are very indifferent, and will not bear comparison with the accommodation afforded at the Essex, Derby, or Sussex Asylums. Colney Hatch is an argument, which it will be difficult to set aside, against the supposed economy in the erection of these large lunatic asylums.

The same observations apply to the repairs and alterations of the fabric, which both at Hanwell and at Colney Hatch are more than in proportion to the numbers compared with the asylums we have named. Then as to the maintenance charge, including the items of provisions, house expenses, clothing, salaries and wages, medicine and incidentals, the cost at Colney Hatch (and the same remark applies to Hanwell) is just about equal—the occasional difference being rather against these asylums—to that of the best managed and most expensive of the county asylums, as contrasted with the metropolitan. Viewed thus medically and financially, the costly experiments of the huge asylums at Hanwell and Colney Hatch must be regarded as failures, and as establishing the principle that, both as a question of economy and of medical administration, public lunatic asylums ought not to exceed the limit of 700, or at the utmost 800 patients. The Surrey Sessions have in practice recognised this principle in their refusal to enlarge the asylum at Wandsworth, and in the erection, recently begun, of a second asylum, with 600 beds, for the county of Surrey at Woking, and which, after Dr. Bucknill's plan, is building on the block system.

In noticing the leading facts in the Reports under review, we give precedence to the elder institution of Hanwell.

The weekly cost of maintenance* has been 9*s.* 9½*d.* The repairs of the fabric have cost £4073. The total expenditure in the maintenance account has been £39,683. The butcher's bill was £6384; flour, £3327; malt and hops, £2464. The

* Of this weekly sum, the provisions cost 4*s.* 7½*d.*; the house expenses, 1*s.* 4½*d.*; clothing, 1*s.* 0½*d.*; salaries and wages, 1*s.* 11½*d.*; medicine and incidentals, 8½*d.*: total 9*s.* 9½*d.* Query: When will the London hospitals publish a similar accurate detail-statement of their expenditure?

coals cost £1894; the drugs, £316; wine and spirits, £751; porter, £1034; fish and poultry, £486. There is no stint here, and everyone visiting Hanwell is struck with the excellent quality and abundance of the provisions. An interesting table is given in the Report of the number and variety of the medical extras issued monthly.

The Visitors continue to complain of the condition in which patients are sent to the asylum:—

"Numbers have been admitted during the past year really unfit for the removal; many in a state of health affording no prospect of the continuance of life beyond very short periods of time, with no prospects but death and burial within the precincts of the asylum; others with severe bruises on their persons, or with marks of restraint before admission. In fact, no less than forty-nine (of the admissions) did die within the year—some within a few days, and many within a few weeks, after their arrival."

Dr. Sankey in his Annual Report to the Visitors—a Report which we regret to learn will be his last, as he shortly retires from the Hanwell Asylum for the more congenial haven of private lunacy practice—refers to the difficulty of treating any large number of recent and excited patients at Hanwell, owing to faulty structural arrangements. Should many of the chronic cases be transferred under the recent Statute to the workhouses, Dr. Sankey says that the peculiarities of the construction and arrangements of the asylum will cause serious inconvenience should a further influx of acute cases ensue. "The proportion (he adds) of single dormitories at Colney Hatch is 1 to 4¼; at Hanwell it is 1 to 7½. The infirmary accommodation at Colney Hatch is 1 to 10; at Hanwell it is 1 to 18. There are other inconveniences in the construction of the older asylum, but the above is sufficient for illustration." Pleasant news for the ratepayers of Middlesex, after spending so much money of late years on the enlargement and improvement of the buildings at Hanwell!

Turning to the Colney Hatch Report, we find the Committee recording, in evidence of the general good management of the asylum, that a second year has passed without the occurrence of a suicide or of any case of serious violence amongst the numerous patients. Their efforts to organize their huge, unwieldy establishment have been attended with some success. They have in all their endeavours been ably seconded by the untiring zeal of the new superintendent of the male department. Hitherto the female department had taken the lead.

The night-nursing continues throughout both departments at Colney Hatch (and the same remark applies to Hanwell) very deficient and ill-organized. At Colney Hatch the filthy contrivance of canvass stretchers, with a chamber beneath to catch the urine,—in which the patient lies all night,—may still be found by dozens, although their employment is entirely replaced by care and the use of water-sheets in those county asylums to which we have already referred. Again, notwithstanding the number of skilled artizans admitted at Colney Hatch, the workshops are unequal to turn out the clothing required; and a variety of useful trades, which might remuneratively be carried on, are neglected. Compositors, printers, carvers, bookbinders, &c., are yearly admitted, and yet no effort is made to employ them in their respective trades. The shoemaker's work is very deficient in quantity. Only one pair of men's leather shoes made! and no men's leather boots. A well organized asylum ought to make up from the raw material all the clothing required.

Amongst the plans of the Committee for the improvement of the asylum may be mentioned the recommendation to build a detached fever infirmary for twenty patients, with apartments for nurses, and all necessary offices.

In conclusion, we may remark that these annual reports of Hanwell and Colney Hatch are well and clearly drawn up; that the financial statements are readily understood; and that every information necessary to gain an insight into the detail-working of these asylums is freely supplied. We could not pass the same praise on many of the county asylums' reports which reach us, and of which some appear constructed to baffle rather than court inquiry. Thus the working of the East Riding Asylum will not easily be learned from its annual reports.

"LITHOTRITY WITHOUT INJECTIONS."

To the Editor of THE LANCET.

SIR,—I am glad to see fresh evidence in favour of performing lithotrity without injections from such men as Mr. Holmes Coote and Mr. Teale, and have reason to be well satisfied that my paper has elicited their communications.

At the close of his experience, Sir B. Brodie wrote, in his well-known memoir on Lithotrity, published in the "Medical and Chirurgical Transactions," vol. xxxviii., 1855: "No prudent surgeon would willingly undertake the operation unless the bladder admitted of the injection and retention of from at least four to six ounces of tepid water;" and again, "The operation should never be attempted without the bladder having been previously distended with tepid water." (p. 172.) How much these injunctions have influenced the practice and writings of surgeons in this country I have had numerous opportunities of knowing; and I have no hesitation whatever in believing, from personal observation, that it has been *usual*, both here and in France, to inject tepid water before crushing the stone. Mr. Teale attributes his departure from the custom to a suggestion of Mr. Syme. Referring to Mr. Syme's "Principles of Surgery," I do not lose an instant in tracing the idea to this original source, which had escaped me, and in attributing to the same great practical genius which has achieved so many important advances in operative surgery the recommendation to omit the preliminary injection in lithotrity. His words are as follows: "The crushing instruments must not be introduced when the bladder is empty, as its coats could then hardly escape injury; but it is not expedient to inject water for the purpose of distension, as it is apt to escape by exciting the contractile effort of expulsion. A better plan is to allow accumulation of the urine to the requisite extent, since there is less tendency to evacuation, while the capacity of retention affords the best evidence of the organ being sufficiently free from irritability to warrant the operation." (p. 358.)

I am not less pleased either to find that Mr. Teale discards injections subsequent to lithotrity. This improvement, it appears, is still less generally adopted than the preceding one. There are exceptional cases of course, as stated in my original paper, in which the subsequent injections are not merely useful, but necessary. As an example, I may cite the case of a gentleman, aged seventy-three years, from whom I removed a large phosphatic stone last autumn, in the course of four weeks by eight sittings. He was seen by Dr. Broadbent with me, and has continued free from all symptoms of stone since. Every fragment was removed by catheter, simply because, as the subject of old prostatic disease, he had been unable for nine years to pass any urine without an instrument. But as the rule, for ordinary cases, I have no doubt that the subsequent injection, as well as the preliminary injection, will, in the course of time, be dispensed with.

Mr. Teale refers to the "inaccurate word 'sittings'." I observe that the date of his letter shows it to have been written prior to the appearance of my defence of that term. If it is still thought to be "inaccurate," I shall be glad to know the grounds of that opinion.

I am, Sir, your obedient servant,

Wimpole-street, March 28th, 1864. HENRY THOMPSON, F.R.C.S.

THE BOMBAY MEDICAL SERVICE.—It is announced that Surgeon-Major Vaughan, who has completed twenty-two years of active service in India, has been "permitted to retire" on a pension of £250 per annum, no more than Government lately granted to young men of the Indian navy who had been at sea some ten or twelve years when that service was abolished. It may be added that (without reckoning the professors attached to the Grant College) there are only eight medical men in India who are in receipt of incomes so much as 1000 rs. per mensem. The *Bombay Gazette* asks, Can it be wondered at that, with such prospects before them, competent English surgeons are unwilling to enter the medical service? the ranks of which will hereafter be filled with imperfectly trained surgeons.

THE LANCET.

LONDON: SATURDAY, APRIL 2, 1864.

To foreigners who have been accustomed to regard English laws as extending to our fellow-countrymen the largest amount of individual liberty and the surest guarantee for personal safety, the details of "the horrible case" of maltreatment of a lunatic in Cornwall will afford a startling illustration of the operation of our social system. At Madame TUSSAUD'S the public may see an ingenious model of Baron TRENCK in his prison. The first impression its contemplation produces is one of wonder that life could have been preserved within the narrow limits of so dreary a cell. Wonder gives place to execration of that terrible cruelty which isolated a fellow-being from all association with the world, and for eleven years condemned him to an existence of perpetual gloom. It is a relief to remember that such an outrage on human nature was the ultimate expression of the worst of human passions—hate and revenge; and that its perpetration was accomplished in a gloomy fortress far from the influence or observation of civilized men. In the case we speak of as having occurred within the shores of happy England, an imprisonment, to which there is fortunately no parallel, was for an equal number of years carried out under the semblance of kindly care. A selfish indifference to the suggestions of pity, combined with brutal disregard of the claims of kindred in behalf of one afflicted with the most terrible of human calamities—loss of reason, form the only explanation of which the occurrence admits.

For eleven years ROBERT PORTER had been closely shut up in his room. Without any means of warmth, without fire or clothing, he was, it appears, left as some unclean beast to linger out life, in the hope that each day would relieve his brother of his care, and thus save 7*s.* a week, the charge for his maintenance. It is unnecessary to recall in detail the disgusting revelations on the trial. As an example of the mysterious power the human constitution possesses of adaptation to circumstances, the case is instructive. During his confinement it does not appear that any efforts were ever made to cleanse his apartment. There is but a meagre account of the room in which the last ten years of his life had been spent, inasmuch as the report of the Lunacy Commissioners is confined to the condition of the one of which he had been the inhabitant for but the previous six months. They say that on entering the room, "behind the door was the lunatic, inclined to the right, squatting down, but rising, supporting himself on his hands, his legs doubled up, his knees against his chest, and his heels against his thighs, the feet being crossed the one over the other." In this position, surrounded by filth of the most loathsome character, the accumulated abominations of his neglected position, he was daily visited by some one or other of his brother's family, who gave him his food and treated him much in the same manner as dangerous animals have been treated by cruel keepers. The stench of the room was described as most intolerable. The Commissioners say that "the floor was a miniature cesspool;" and add: "There was no bedding or clothing whatever; there were three pieces of sacking, which he had coiled round his body, as we had opened the window, which appeared to chill him. His body was exceedingly dirty; he had a wound on his scalp, and sores on his person." The above is but a faint description of that stated to have been the condition of the apartment from which he had been removed, and which he had occupied for many years previously. "In it there was no fireplace, or any provision for warming it. The only article of furniture was the frame of a truckle bed with laths across." When his brother left the house, the poor lunatic was removed at midnight in a wheelbarrow to the room in which he was found. It was urged, in the defence of the brother, that the disease from which this wretched being suffered rendered him dangerous; that the filth by which he was surrounded was the characteristic feature of his particular form of madness; and that his destructive tendencies made it impossible to properly clothe him, or keep him in a condition other than that in which he was discovered. The surgeon of the County Asylum to which he has been removed gave a different account. The lunatic had been quiet since his admission; his habits of personal cleanliness had improved; he wore ordinary clothing without attempting its destruction; and had, under the kindly care of those whose sympathies his history had aroused, improved somewhat in his condition of mind and body.

This miserable individual's case is suggestive of many points for consideration. It seems incredible that for so many years such treatment could have been permitted. It is only explicable on the assumption that amongst the uneducated classes the strangest views are entertained on all matters relating to the insane. With them the old traditions of the waistcoat and chain are still accepted, and considered as not only permissible but necessary. Otherwise, it is difficult to offer any excuse for the apathy or indifference with which the continual imprisonment, isolation, and neglect of this unhappy sufferer seem to have been tolerated. The jury, while they found the brother "guilty of neglect," said "they did not think that he was aware of the law, and therefore they recommended him to mercy."

This verdict is not the least strange part of the affair. That a jury should have felt sympathy of any kind with such inhumanity, is a matter of surprise. There are acts so opposed to every sense of right, so entirely at variance with every dictate of humanity, that the natural instinct of men recoils from their commission. It requires no statutable provision to impress right-minded men with a disgust for debauchery or drunkenness, or to inform the beholder that cruelty to animals is abhorrent to all our instincts and proper feelings. Natural law, the volume of which rests in the conscience of each, is the standard work whose precepts we all acknowledge. To violate this is a graver offence than to infringe technical rules or to disregard conventional regulations. In this instance the jury took a narrow and restricted view of the matter, and seem to have considered the transgression as of a legal rather than of a social character. We regret this much, since amongst those with limited knowledge of the largeness of the English heart, it may lead to the supposition that twelve men were disposed to consider as an offence of an excusable nature this disgusting exhibition of prolonged, and, as we believe, most criminal negligence.

It is not a matter of surprise that the prisoner's counse

should have insisted on any point in his favour which the legal bearings of the case suggested. We find him taking exception to the form of the indictment as not being within the contemplation of the statute 16 and 17 VICT., c. 96. The section (9) imposing the penalties sought to be enforced is as follows:—

"If any superintendent officer, nurse, &c., or other person employed in any registered hospital or licensed house, or any person having the care or charge of any single patient, or any attendant of any single patient, in any way abuse or ill-treat or wilfully neglect any patient in such hospital or house or such single patient, *or if any person detaining or taking or having the hire or charge, or concerned or taking part in the custody, care, or treatment, of any lunatic or person alleged to be a lunatic, in any way abuse, ill-treat, or wilfully neglect such lunatic or alleged lunatic*, he shall be guilty of a misdemeanour, and shall be subject to indictment for every such offence, or to forfeit for every such offence on a summary conviction thereof before two justices any sum not exceeding £20."

The points raised are, that the statute refers only to persons keeping asylums or taking in lunatics for hire. The Counsel cited a case, which the Judge admitted to have some bearing upon the question, in which it was decided that a husband could not be considered to have "care and charge of a lunatic wife within the meaning of the statute," as such charge was only of a domestic nature. The question is suspended for the decision of the Court of Crown Cases Reserved; and meanwhile judgment is postponed, and the prisoner is discharged upon his recognizances to appear in case the Court above should decide against him.

Without anticipating the arguments on these points, we may observe that the general terms "or concerned or taking part in the custody, care, or treatment," &c., give the Act a much wider scope than that contended for, and extend its provisions beyond the inmates of "registered hospitals" or "licensed houses," to which special allusion or reference is previously made. Again, we venture to suggest that the analogy between the case of a wife whom a man is bound by law to protect and provide for is not sustained by the case under consideration, in which no legal obligation of any kind existed, but in which, for the payment of seven shillings a week, one man "undertook and became concerned" "in the custody, care, and treatment" of an alleged lunatic. It was open for SAMUEL PORTER to have repudiated the responsibility of keeping his brother, and to have appealed to the law, which would have provided for the sufferer, and have appropriated his funds in part payment of his maintenance. He thought it more to his own interest not to do so, and accordingly acted in the manner described. In the case of a wife it is very different. Before her admission into an asylum arrangements for payment would have to be made, or declaration of poverty put forward. The law therefore takes a lenient view of the course adopted where there may be a struggle between the narrowness of circumstances and the requirements of disease, and does not too curiously scrutinize the efforts made to struggle against such difficulties. The case of PORTER, we believe, does not come within the category of analogous instances of a domestic nature; and should it be so held, we trust that the ill advised recommendation of the jury will find no favour or consideration from the Judge.

IT will be observed with regret, if not with surprise, that the British Pharmacopœia by no means gains in repute as it becomes more widely known. Hostile criticisms multiply from all quarters. The complete analysis which we have published in the form of a serial commentary demonstrates with undeniable force the numerous errors and the many imperfections which it displays. The President of the College of Physicians gave utterance to an opinion unusually weighty from so important an official, but undoubtedly in accordance with that of the profession at large, when, at the last meeting of the fellows, he said, speaking officially, that "the new Pharmacopœia had occasioned great disappointment and perplexity, and that many of the changes which had been effected were not only injudicious, but highly dangerous." In endorsing the recommendation which we first made some time since, by suggesting that the fellows might well continue to prescribe provisionally according to the London Pharmacopœia, writing "Ph. L." at the top of the prescription, he gave a very palpable hint to the Medical Council that, if they wish to see their new work generally adopted, it must be greatly amended and largely revised. In that work of revision, which we venture to pronounce absolutely necessary, and declare to be essential to the general purposes of utility which the volume is intended to serve, the Committee will be greatly aided, and will not fail to profit by, the accurate criticisms which have been afforded in the elaborate commentary published in the late numbers of THE LANCET, and which the most competent judges have declared to be able, searching, and highly exact. In its present state the volume is allowed by impartial persons to be what we have reluctantly pronounced it—"perhaps the most costly abortion which ever issued from the press." To have expended £6000, or nearly that sum, upon such a production, is, perhaps, the most costly proof ever yet afforded of the inefficiency of committees to do original work, and of the evil results of a system of partial secrecy. It will be admitted by anyone who will consider the subject, that if any single responsible person had been entrusted with the labour, and if the proof sheets of the book had been circulated widely, generally, and without any attempt at concealment, for the opinions of persons well qualified to judge—if, in fact, a very limited first edition had been issued for revision, a far more satisfactory result would have been achieved for £600 than has been attained by ten times the expenditure. By the system pursued the right hand has not known what the left has done. Changes introduced by way of improvement at the suggestion of one person have been nullified by further changes made at the suggestion of another, and hence such ridiculous results as the present formula for collodion, which was marred in this way. The attempts to teach manufacturers how to make the alkaloids, citrate of quinine and iron, spirit of nitric ether, and so forth, are ludicrous failures. Practitioners are put to the annoyance of being directed to use such a preparation as the new infusion of gentian, which is simply abominable, in place of the admirable infusion which is one of our most useful old friends; of being ordered to call calomel, corrosive sublimate; of intimating their full intentions to the most nervous patients by introducing the name of opium into the old compound tincture of camphor and compound soap-pill; and to a host of other needless inconveniences.

The Pharmacopœia is being subjected to a searching criticism, especially by our own reviewers, and by Professors REDWOOD

and BENTLEY; and no doubt will be revised by others also in good time. We can only hope that the Medical Council will take the criticism in good part, and, winnowing the chaff from the grain, will let us have a new and revised British Pharmacopœia as soon as possible. But even then the profession will have a serious grievance. The Council are under some sort of obligation to print a very large number indeed of the present deformed issue, and although many thousands of the volume have already been put off at a very high price, more must yet be got rid of. To have to purchase soon afterwards a revised edition will be a great hardship to those already possessing the first; and we trust that the Council will be able to present some form of supplement to those who have purchased the book with all its defects, when those blemishes shall have been corrected. There has been some talk of an attempt to enforce upon prescribers and dispensers the volume as it stands, "with all its sins thick upon it:" to this we are altogether unwilling to attach any serious meaning. If it were not idle, it would be impolitic in the highest degree. But it is obviously impossible. The Council is no more competent to prohibit chemists from keeping, prescribers from ordering, or patients from asking for, the old infusion of gentian or the old oxymel of squills (both now interdicted), than it would be to prohibit pepsine, or the Calabar bean, or tincture of actæa racemosa or of triticum repens, or oxalate of cerium, or iodide of ammonium, and other remedies which some members of the profession are in the habit of using, but which are not included in the Pharmacopœia. We are all anxious to second the efforts of the Council to provide a British Pharmacopœia; but we should like to have a good one, and are not to be forced into adopting it until it is put into a more satisfactory form.

Medical Annotations.

"Ne quid nimis."

THE BATTLE OF BLACKHEATH.

FOLKS imbued with strong military prejudices used to declare that the Volunteer movement was "too hot to last," and would be a nine days' wonder; that the whole system would collapse before the first uniforms were worn threadbare. A very practical refutation of this old-school doctrine was afforded by the Volunteer gathering at Guildford on Monday last, when some 16,000 men, all trained and drilled with a finish that betokened much previous hard work, voluntarily endured an amount of fatigue and exhibited a knowledge of soldierly duties which would have tried the capabilities of many crack regiments, home and foreign. On the first establishment of Volunteer corps there prevailed an uncomfortable feeling of political distrust which gave the movement a prudential and especially patriotic character. The cloud which then threatened has cleared away. When sailors wave their swords to avert the dangers of the lightning that lurks within an approaching storm-cloud, they are content when they see a cleared sky, without minutely investigating the electrical influence which their presented points might have had. So we also may accept the peaceful condition of the country with gratitude, and yet rejoice that we have such a splendid body of men as the Volunteers—ready at need. But we believe that the steady continuance in favour of the Volunteer movement is in great measure attributable to a cause which did not at first exert much influence. The men feel the good that the healthy exercise does them, and observe the advantages others derive from it. For example, the fine appearance of the Inns of Court corps will testify how many a brooding lawyer has had the desk-slouch taken out of his shoulders by the drill. So, again, rifle practice is not to be successfully prosecuted unless the hand be steady; and it is now recognised by careful observers that the Volunteer movement has, in many ways, exercised a healthy influence, both moral and physical, on the young men of the metropolis.

The work done on Easter Monday by the majority of the Volunteers who left London was no insignificant test of their powers of endurance. It is scarcely possible to overestimate the advantages gained, if only in *prestige*, when we contrast the feeble, narrow-chested, spindle-shanked, effeminate Londoner as he used to be represented, with the thousands of fine fellows who thought nothing of getting up in the middle of a London night and going through a long day's hard work over a rough country and in very rough weather—many of them continuing under arms for upwards of eighteen hours.

The *physique* of the men especially attracted attention on Monday last, and the suitability of their dress for soldiers' work was much noticed. With the evidence derived from Volunteer experience, it is inexplicable that the high military authorities should still compel soldiers of the Line to case their throats in hard stocks, and wear other contrivances of the "Little-ease" type. The argument as to this mummifying process being necessary to give a soldierlike presence was sufficiently refuted by the appearance which the comfortably dressed Volunteers presented on Easter Monday; proving that soldierlike bearing is an attribute of the man, and not dependent on his dress.

The hospital arrangements on the review ground received particular attention this year. A large tent was provided for the reception of cases of accident; and Mr. Wakley, surgeon to the 1st Surrey Light Horse, was previously sent down by Colonel McMurdo to see that everything necessary was provided, and all was properly arranged. Mr. Wakley enlisted the services of the surgeons to the local corps, Messrs. Ross and Butler of Guildford, to attend at this field tent throughout the day. Messrs. Weiss and Co. handsomely offered to provide all requisite instruments, as Messrs. Whicker and Blaise did at the last Wimbledon review. This liberal offer was not however accepted, since the War Office had already placed at the disposal of the surgeons an ambulance waggon with all requisite appliances. There were constantly in waiting eight stout marines, who immediately on the report of an accident trotted off at double to bring in the injured person. Luckily, the accidents were but few. The following is the official return reported to the Inspector-General by Messrs. Wakley, Ross, and Butler:—Private Walker, 19th Middlesex; burn of face from explosion. Private Hearne, C. Co. London Irish; burn of arm from explosion. Rev. J. C. Earle (civilian), Albury; wound of abdomen and thigh from ramrod. Private Jas. Burrett, No. 7 Co. Tower Hamlets; fractured leg. Private Hatfield, M.R.C.S., 8th Middlesex; sprained ankle. The last two accidents were undoubtedly attributable to the unsatisfactory nature of the place chosen for the review. To rough ground there could be no objection; but that selected had numerous concealed holes and treacherous pits, very dangerous to horses and their riders. The unfortunate civilian who was wounded by the ramrod of an excited volunteer has since died. The ramrod struck the ground, and, bent by the blow, rebounded against Mr. Earle. This kind of accident has so frequently occurred that we venture to suggest to the authorities the advantage of every volunteer being able to identify his weapon. This could be managed very nicely if the name were always engraved on the ramrod.

On the arrival of each regiment, Mr. Wakley explained to its medical officer the position of the hospital tent, and what should be done in case of accident. Six beds at the Militia Depôt in Guildford were placed at the disposal of the authorities; and Mr. Taylor, surgeon to the 2nd Royal Surrey Militia, liberally offered all the surgical appliances at the depôt. To these beds the injured persons were removed,

with the exception of Mr. Earle, who resided near the ground and was carried home in an ambulance. Notably, also, Mr. Hatfield was elsewise disposed of; as, being a professional brother, Mr. Ross had him conveyed to his own house. And here we may mention that the medical practitioners of Guildford were profuse in their hospitality. Mr. Taylor had a "medical mess" for all comers; and Messrs. Stedman, Butler, Sadler, and others did everything to ensure the comfort of those surgeons who came in attendance on their respective corps.

In the field there was a smaller number of medical officers than should have been the case. On such occasions the surgeons learn as much as the volunteers, and especially acquire readiness in case of emergency. The authorities on this occasion paid great attention to the surgical arrangements; and the personal interest taken by Colonel McMurdo in the removal of the injured persons after the review, was very highly appreciated. A correspondent of one of the daily papers laments that the surgeons on duty were not better mounted, and puts a general inquiry as to why "doctors always ride screws." That they do not is one plea in reply; but it might also be alleged that there is, after all, something of sympathy between them, as both doctors and screws do many a good turn by force of their heads to keep things together for other people.

THE TOMB OF SECRETS.

WE read that "a physician in Paris was accused on the 11th inst., before a French Police Court, of having revealed the 'secret disease' of one of his patients, and that to the patient's damage. He was found guilty, and condemned by the Court to pay a fine of 500 francs, and to undergo a year's imprisonment. Moreover, at the expiration of his imprisonment, he was to remain for five years under the surveillance of the police, and to pay all the expenses of the trial. Besides this, having injured the patient's reputation, he was ordered to pay the patient 1000 francs as damages."

There can be no doubt that this vigorous administration of the law was conceived in the very best spirit, even though part of the punishment is one not known to English jurists, except in the instance of men possessing diplomas of a different class—tickets of leave. Imprisonment and fine, in cases of libel, have, ere this, been imposed by English judges; but "surveillance of the police" is an institution with which we are practically unacquainted, but which all who are aware of the French system know to imply complete social ruin. It is our intention, however, to treat rather with the principles than the particulars. The French law is jealous of professional confidence. It recognises the social necessity of preserving in the highest perfection the good faith and inviolable integrity of the medical practitioner. English legislation, generally speaking, prefers the practical appeal to the pocket, and seeks not so much to punish as to compensate—making the damages awarded the measure of the penalty, unless in cases where the judge, according to the nature of "the information," deems the offence rather of a criminal than of a civil character.

It would be well if a little more vigorous application of the law were put into operation in reference to a class of exhibitions now infesting our city. They are but the traps set by sharpers to catch the unwary. Quacks and impostors, without the least pretence to professional knowledge of any kind, first play on the apprehensions of their visitors by placing before them models of the various pernicious consequences of disease, and then invite the fear-stricken observer to a "private consultation," which, in the large majority of cases, is the first step to ruin. We have known instances in which "professional confidence" was made the pretext for demands on the purse which drained to the last shilling the pockets of the unhappy dupes who had consulted the owners of the establishments in question. Threats of exposure have to some minds a special terror, more particularly when they assume the form under which they had originally been brought. Before the passing of the Medical Act, the advertising scoundrels who made "museums" their means of obtaining publicity, carried out their threats by an action at law to recover charges for alleged professional services. This form of action admitted evidence of the nature of the services rendered, and enabled the unprincipled plaintiff to realize the exposure threatened. It is well that it be understood that such can no longer be practised, as any contract for cure, unless in the case of a duly qualified, that is "registered," practitioner, cannot be enforced. The law now provides that "no one can recover" without registration. Should, therefore, actions of this character be again attempted, it is well to know that the statute can be pleaded, and the claim put out of, or rather be prevented from getting into, Court. It is, notwithstanding, most important that the strictest discipline be maintained by the Medical Council in matters of this kind; that all men who can be shown to cater, by handbill, advertisement, or other unworthy means, for professional employment, be visited with the fullest exercise of their authority the law permits.

There is no doubt that the severity of the penalty imposed by the French Court was intended to show the public that medical practitioners might, without any apprehension, be consulted in reference to a disease of so great social importance. In every way do the French Government seek to prevent its ravages; and they could not more effectively take steps for that purpose than in securing the strictest inviolability of confidence on the part of those consulted for its cure. This case is one not to be lost sight of. It is suggestive of many considerations which the English medical profession and the public would do well to entertain. The ear of the physician is the tomb of secrets.

FEVER IN HOSPITALS.

IN the report of the proceedings at the Comitia of the Fellows of the Royal College of Physicians in the last number of THE LANCET, it will be remembered that amongst other matters referred to, were the regulations suggested to the Secretary of State for the management of colonial hospitals. Amongst them was one which recommended that all cases of infectious diseases, excepting small-pox, should be treated in the same wards as other patients. We cannot pass this without comment. We should be loth to say that the Council of the College of Physicians have drawn up rules so important, and on subjects respecting which they must be assumed to be particularly well informed, without due consideration; but we must recall to the authors of these regulations certain facts and figures which strongly militate against the propriety of such a regulation, and unless they can put upon them some interpretation different from that which we are able to give them we must conclude that this recommendation is not well advised, and ought to be altered. A considerable body of information on this subject is contained in Dr. Murchison's work, "On Continued Fever," and if we refer to that book and to the last Report of the Fever Hospital, we find a mass of evidence to prove that from the practice of admitting into the wards of general hospitals patients suffering with typhus, and mingling them with other patients, the most terrible results have followed. Thus from data which we had obtained up to June, 1862, it appears that *in the previous half year* eighty-nine persons who were admitted with typhus into St. Bartholomew's Hospital gave the fever to twenty-three persons in the hospital; forty persons admitted into Guy's Hospital gave it to twenty-one other persons in the hospital; and, without going through the whole table we may sum it up by the statement to which it leads: that 1107 cases admitted in the half year into the Fever Hospital communicated the disease to only twenty-seven persons, of whom eight died; whilst in the six general metropolitan hospitals included in the table the 272 cases admitted

communicated it to as many as seventy-one persons, of whom twenty-one died. Or, to put the case in another form: whereas at the Fever Hospital only one person took the fever for every forty admitted, and only one died for every 145, at the general hospitals the result of distributing the cases in the wards was that one person caught the fever for every 3·8 cases admitted, and one life was lost out of every 12·9 cases admitted. Surely these figures supply an argument of great potency against multiplication of foci of infection. Although we are not in possession of equally accurate figures as to the results of similar admissions in other hospitals, we know enough to justify us in stating that more recently King's College, Charing-Cross, and Westminster Hospitals have all suffered. St. Bartholomew's Hospital has, we learn, paid lately a very heavy penalty for adopting this practice. At the end of last month we heard that two nurses had died, a sister was just out of danger, and another nurse was attacked with the disease; that typhus was spreading amongst the patients; that in a period during which four nurses had been lost at the Fever Hospital, twelve nurses, one sister, and one student, had died at St. Bartholomew's, and that about half the total mortality from typhus has occurred amongst patients who contracted the disease in the wards.

In the interests of science, a full account of this epidemic will no doubt be given by some of the physicians of that hospital, to whom we look to correct any inaccuracies which may have crept into the above statement, which we have, however, reason to believe substantially true. The mass of evidence collected by Dr. Murchison is very strong; and we repeat that, in order to justify the above recommendation, it will be necessary that some of those who framed it should state the grounds upon which they are prepared to act in opposition to what would seem to be the obvious lesson of facts and figures, of which the accuracy has not been questioned, and of which the importance is undeniable.

THE REGULATION OF PHARMACY.

THE Pharmaceutical Chemists have taken up the broken thread just where it was recently snapped by the capricious act of the Medical Council, and at a large meeting of the Pharmaceutical Society a measure has been brought forward for which it is proposed to ask Parliamentary sanction, and which will serve a very useful purpose. From the heads of this Bill, which is under consideration, it appears that its main provisions are as follows:—

"After the 1st of January, 1865, no person to keep open shop for dispensing the prescriptions of legally qualified medical practitioners who is not registered as a Pharmaceutical Chemist under the Pharmacy Act, or a Chemist and Druggist under this Act. Examination established for all who commence business after that date.

"Examiners under Pharmacy Act to be the Examiners under this Act.

"Registrar under Pharmacy Act to be Registrar under this Act.

"*Persons in business in Great Britain before 1st January, 1865, entitled to be registered as Chemists and Druggists, and saving to them all their existing rights, on payment of a fee not exceeding one guinea.*

"*Assistants and Associates under Pharmacy Act, who have passed Minor Examination, to be registered as Chemists and Druggists on commencing business.*

"Council of Pharmaceutical Society to make orders for regulating Registers to be kept.

"Duty of Registrar to make and keep correct Register.

"Evidence of Qualification to be given before Registration of Examination on the part of those who enter business hereafter; of having been in business before a certain date by others.

"Annual Register to be published and be evidence.

"Penalty on wilful falsification of Register.

"Penalty for obtaining registration by false representations.

"Penalty for falsely pretending to be a registered person, or keeping open shop for dispensing &c. prescriptions, not being registered.

"*Registered Chemists and Druggists, having passed Minor Examination, may be elected as, and continue and use title of, Associate of Pharmaceutical Society, and may vote at meetings of the Society.*

"*Saving of rights of duly qualified practitioners.*

"Benevolent Fund may be applied to past Members and Associates, also to Pharmaceutical Chemists and Registered Chemists and Druggists."

We have italicized the more important clauses which save the rights of medical practitioners registered under the Medical Act, and of chemists and druggists now trading. We shall be well satisfied if the Medical Council leave the chemists to manage their own affairs thus far; for we quite approve of these provisions, and see nothing to make any closer union of this respectable body of traders with our profession desirable. They would be a very troublesome mixed body to deal with, and probably the Council would find them rather too hot to hold. The bare suggestion of the connexion has sufficed to mount a little to the head of some of the most able and estimable of the body. Thus Mr. Daniel Hanbury, who is strongly in favour of introducing pharmacy into an amended Medical Act, rather than extending the Pharmacy Act, thinks that, *en revanche*, there should be in the Medical Council "a pharmaceutical element—that is, a member appointed by the pharmaceutical body." Mr. Randall evidently thought Mr. Hanbury too modest: "There must be proper provision made for an ample representation of the pharmaceutical chemists; and if the Medical Council were prepared to allow their constitution to be so amended as to take pharmaceutical chemists into their body as part of the governing body, he thought they might submit to the government of that body." We regret not to find any proposition in this Bill to deal with the evil of counter practice, or with the gigantic swindle of patent medicines.

PUBLIC HEALTH IN SCOTLAND.

AN "exceeding high" death-rate, we learn from the Registrar-General's Quarterly Return, prevailed in Scotland during the last three months of 1863. The mortality was considerably above the average. The annual proportion was no less than 232 deaths in every 10,000 of the estimated population. The annual death-rate for the corresponding quarter of the eight previous years was only 204 in the same proportion of population. The chief sources of this exaggerated mortality appear to have been scarlatina and diphtheria. Scarlatina, indeed, which was epidemic throughout, and had increased above the average the mortality of, England during the quarter, was also epidemic in Scotland. Influenza, bronchitis, sore-throats (not diphtheritic), and continued fevers were, however, very general. The weather on the whole was unusually mild. South-west winds prevailed. The mean temperature was 2·2° higher than the quarterly average of the previous eight years. There was much cloud and less sunshine, and the day temperature was scarcely so high as usual. But the nights were comparatively warm, the cloudy skies economizing the heat stored up by day, and the diminished day temperature was thus amply compensated for. The rain-fall was great. In the early part of December, "the weather," says the Astronomer Royal, "seems generally to have been much disturbed, the wind having been violent and continuous far beyond the average of former years; and lightning so abundant and auroras so deficient as to have, in these respects, more the appearance of summer." The weather of the southern division of the island, during the quarter, was characterized by an unusual stormy period, which included the days terminating November and commencing December; while from the 27th of October to the 5th of December the barometric variations were remarkable. The occurrence of these variations would appear to have been contemporaneous with the violent winds recorded by the Scottish Astronomer Royal.

A summary of the monthly returns for the eight principal

towns of Scotland during 1863, shows that the mortality of the year was much above the average. The death-rate was no less than 298 in every 10,000 of the estimated population, the annual rate of the eight previous years being 273. Not only was the death-rate high, but the "amount of sickness was very great." The highest death-rate occurred in Greenock, the unhealthiest of the Scottish chief towns; the lowest in Aberdeen. Of the total number of deaths, 48 per cent. were under five years of age. A more correct idea of the mortality amongst children is obtained by comparing the number of deaths under five years of age with the number of children living at the same age. Aberdeen lost 6·4 per cent. of her children living under this age; Paisley, 7·4; Perth, 7·6; Leith, 8·1; Edinburgh, 9; Dundee, 10·7; Glasgow, 12·1; and Greenock the very high proportion of 15·1.

Epidemic and contagious diseases proved fatal in 29·8 per cent. of the total number of deaths. The different towns were not equally affected by the several epidemic diseases. Thus, in Glasgow, the most fatal epidemics were scarlatina, continued fevers, and whooping-cough; in Edinburgh the most fatal were measles and continued fevers; in Dundee, scarlatina, continued fevers, and small-pox; in Paisley, continued fevers, measles, and croup; in Greenock, small-pox, whooping-cough, and continued fevers; in Leith, continued fevers and measles; and in Perth, continued fevers and croup. The diseases are named in the order of their fatality. Small pox cut off 816 persons, most of whom were unvaccinated, in the eight towns. The disease was so prevalent and fatal in Greenock that 11 per cent. of the deaths were caused by small-pox; while the proportion was 4·5 per cent. in Dundee, and 3 per cent. in Aberdeen. Scarlatina was the most fatal of the epidemic diseases in the eight towns during the year, and caused 6·3 per cent. of the general mortality. Diphtheria is still increasing in prevalence. In 1861 the deaths from the disease, in the eight towns, numbered 151; in 1862 they had increased to 285, and in 1863 they amounted to 478.

The mean temperature of the air was about half a degree above the average of former years. This arose, not from any continuance of fine weather during the summer months, but rather from the fact that the nights were not so cold, in consequence of the greater amount of clouds which covered the sky arresting the loss of heat by radiation. There was not nearly the usual amount of change, variation, or daily and monthly range of temperature. "In fact," says the Registrar-General, "there has not been a sufficient variation of temperature to strengthen the animal constitution against the tendency to debility caused by the unusual mildness and dampness of the atmosphere. Sudden changes of temperature, as all are aware, are hurtful; but the experience of this and former seasons fully demonstrates that a certain amount of variation of temperature is essential to health. To the circumstance of two years having followed each other when such atmospheric vicissitudes have been smaller than usual, while at the same time there has been a greater fall of rain, and more atmospheric humidity, may, in great part, be attributed the high mortality which has prevailed during each month of the year 1863."

A SILVER KEY TO A RECENT MYSTERY.

WE have been requested to make known an attempt which has been made to perpetrate upon some of the students of Paris a hoax of a very suspicious complexion, but which we are happy to say has been in a great measure if not wholly frustrated. The *Gazette des Hôpitaux* of the 3rd March contained the following announcement, which was naturally read on this side of the Channel with astonishment, although it seems at first to have imposed upon those to whom it was addressed:—

"Students in medicine of the second and third year are wanted for England, and pupils in pharmacy furnished with a certificate of at least two years' study. These pupils will be salaried by their respective hospitals. Write, *franco*, to MM. Pratt and Sons, 8, Russell-street, Cumberwell New-road, London" (*sic*).

This announcement was followed by the subsequent intimation (March 15th) that "the appeal had been heard, and that advices had been received from London that the lists were filled, and that the demands of the pupils of the faculty would not be farther satisfied." All this is sufficiently mysterious: we have, however, private information which supplies a key to it. We learn from Mr. Herbert, who is at present studying in the Paris schools of medicine with distinction, that students who applied for details at the source indicated were informed that a preliminary fee of some thirty francs must be paid, and that they would then be allocated on desirable terms at various London hospitals—to wit, the "Freehold Hospital," the Middlesex Hospital, &c. The first, we need not say, is a name not known in connexion with any London hospital; and on application to Mr. Nunn, at the Middlesex Hospital, Mr. Herbert was informed that no one was authorized to make any such proposition on behalf of that school, and that nothing of the kind was in contemplation, nor had he (Mr. Nunn) any knowledge of the matter. The proposition had an *à priori* air of suspicion, which was increased by the pecuniary terms included. We hope the matter will not end here.

PICTURES IN HOSPITALS.

CHEERFULNESS in a sick room is not an unessential element operating on the comfort and even the recovery of the patient. In some of the hospitals in London the walls of the wards are adorned with pictures. This has been found from experience to have a beneficial effect. The example has been followed in several of the provincial hospitals. Mr. Grundy, of Manchester, has lately presented to the Royal Infirmary of that city a valuable collection of first-class engravings, plainly but appropriately framed. Mr. Gilbert Moss, the banker of Liverpool, has made a similar donation to the Royal Infirmary of that town. The selection of the pictures was entrusted to the Messrs. Vokins, of London. The selection was most judicious, and contains twenty specimens of the most choice engravings. Mr. Stubbs, the senior surgeon of the infirmary, has, we understand, given a very gratifying report of the effect of the pictures on the patients. They are highly appreciated by the poor people lying in their beds, and afford a topic of conversation and interest to those who can move about. He considers it a decided success, and attributes the increased cheerfulness in the wards to this cause. Instances of this mode of adding to the comfort of those who so much require it are worthy of record, not so much perhaps for the beneficence they display on the part of the donors, as illustrative of that progressive improvement in the aspect and management of wards for the sick which has of late been so manifest.

WORK FOR THE BROOM.

WE commend to the attention of the Medical Council the efforts of Messrs. Harvey and Co. to proclaim to the world the oversights of those whose duty it is to uphold the honour and dignity of the medical profession. We have had forwarded to us a work in meretricious binding, termed "Sir Astley Cooper's Vital Restorative," which, in our opinion, is one of the most flagrant violations of professional decency that have been brought under our notice since the operation of the Medical Act. The work in question is prurient, indecent, and in every way disreputable as an ostensible medical publication; and is altogether unfit for other hands than those of some exhausted sensualist, who from its perusal may find the means of reducing his purse to the standard of his system. "Sir Astley Cooper's Vital Restorative" is the analogue of "Ricord's Essence of Life"—a name adopted to give importance to a quack remedy, and to put money into the pockets of its advertising owners. We trust the Medical Council will look to it.

IN MEMORIAM.

THE following particulars of the death of Assistant-Surgeon Pile, 101st Regiment, who was killed in action, having displayed conspicuous gallantry and devotion, at the Umbeyla Pass, East Indies, on the 20th November, 1863, have just been received by private letter from the head quarters of the army in India. The writer says—"Dr. Pile called forth the admiration of both officers and men at Umbeyla by the way he behaved during the attack in which he was killed. The picket duty was very severe on the assistant-surgeons. Pile had been for seven days in the Crag picket, and was to have been relieved on the morning of the 20th of November, but a trifling accident occurred to prevent this from being done. When the enemy attacked the picket several of the men turned, and one of their officers, ——, showed them the way; but Dr. Pile and Ensign Sanderson tried to keep a few men together and hold the place. When the rush of the Bonairs took place, Sanderson was cut down, and Pile was thrown over the cliff. He was not killed, and was trying to creep away, when he was seen by a Bonair, who from a point above him threw down a large stone on his head, and then got down and finished his work by killing him. All this was seen from a very short distance off by our people, but rescue was not possible. The cruelties of the enemy were very barbarous, as, indeed, was their treatment of the dead; a large proportion of the bodies, when recovered, were found to be headless."

There can be little doubt that Dr. Pile would have been recommended for the Victoria Cross had he survived the attack. He had not long since passed through the army medical examination as a candidate for his commission.

Correspondence.

"Audi alteram partem."

THE ROYAL MEDICAL AND CHIRURGICAL AND PATHOLOGICAL SOCIETIES.

To the Editor of THE LANCET.

SIR,—I should not have thought it necessary to take any notice of a letter in your journal of the 19th inst.—to which the writer declines to append his name—relative to the Royal Medical and Chirurgical Society, had not you, Sir, in a separate article, somewhat endorsed the opinions of your correspondent, and fixed upon me by name, out of all the fellows of the Society, styling me "a hard landlord." I in no way complain of the language you employ; far otherwise do I look upon the language made use of by the writer of the letter to which I am about to allude. You state "that the susceptibilities of the members of the Pathological Society have been aroused, as might be expected, by the remarks made at the annual meeting of the Medico-Chirurgical Society." The fellows of the Society were quietly transacting their own business, and congratulating themselves on the increasing prosperity of the institution, when two members of the Pathological Society rose and attacked the Council of the Medical and Chirurgical Society in the following terms. Mr. Spencer Wells said "he felt ashamed of the extortionate charge." Dr. C. J. Williams said "the rent was preposterous; it was unfair to put pressure on the Pathological Society." In my opinion, it was enough to "arouse the susceptibilities" of any gentleman who had sat on the Council of the Society when the rent was determined upon, to be denounced as an "extortioner." Your correspondent has written a string of charges of the most serious nature, based upon very imperfect knowledge of the state of the case, and has been most profuse in the use of epithets not often employed by gentlemen.

I must, before commencing my remarks on his assertions, say a few words, as you have introduced the subject, on a proposition formerly made for the amalgamation of some of the Medical Societies, for on this much of the question of the rent turns. I brought the question of amalgamation before the Medical and Chirurgical Society in 1861, and although my proposition was carried, it was opposed by all the senior fellows of the Society who spoke at the meeting. The President of the Pathological Society, Dr. Copland, said, that "although the Medical and Chirurgical Society might be benefited, the other Societies would certainly be injured; the disadvantages to the other smaller Societies would be certain. He would, therefore, move a direct negative to the proposition." The President of the Obstetrical Society, Dr. Tyler Smith, said "he objected to the simple merging of the other bodies into the Medical and Chirurgical Society under its present name. He should not object to an establishment of a new organization which should be a development of the present state of things, and by which the various Societies might preserve their individuality, and maintain their life and energy, which he believed would be lost by the proposed scheme." THE LANCET made the following remarks on the discussion:—"Although we cordially join with those who desire amalgamation, we confess that the discussion at the Medico-Chirurgical Society does not encourage us to hope for a successful termination of the subject." I also came to the same conclusion, and that, in the face of the opposition of the Presidents of the two Societies principally concerned in the affair, it would be unbecoming in me to again move in the matter, and I determined not again to interfere. When the Medico-Chirurgical Society arrived at a like conclusion, and signified their opinion by instituting "the Scientific Committee" in lieu of any amalgamation, the Council had then to consider what would be a fair rent for the Societies using their rooms to pay. When the Pathological Society applied to the Medico-Chirurgical for leave to hold their meetings in Berners-street ("the honour" was not sought by the Medico-Chirurgical), there was a very general feeling amongst the fellows that an amalgamation would be very desirable, and this might be advanced by the Societies holding their meetings under one roof. The Pathological Society were only asked to pay the same rent they had been paying the Medical Society; but it was never for a moment considered that if no amalgamation took place they were to continue at that rent. I appeal to Mr. Spencer Smith, who was Secretary at that time, and who had along with myself for some time entertained the idea of the union of the Societies, whether I am correct in making this statement. I at least always understood that such was the feeling at the time.

I will ask any unprejudiced person who may recollect the accommodation received in George-street if the Council of the Medico-Chirurgical were not justified in asking a higher rent for the greatly increased accommodation received in Berners-street. Compare the meeting-room, the room in which Council meets, the room in which refreshments are served, the advantage of having the officers of the Medico-Chirurgical to manage the meetings. For six years the Pathological Society have paid for all this increased accommodation only the same rent they had paid in George-street, and for this liberality the Council of the Medico-Chirurgical get, as thanks, a liberal amount of abuse. Taking all the circumstances into consideration, when the time arrived for fixing a permanent rent, I think the Council were not "extortionate" in asking sixty guineas. Your correspondent states that the Council of the Medico-Chirurgical "expressed their displeasure by doubling the rent, or more than doubling." I will not stop to remark on such language further than to say, if the Society only paid £30, it was an error. It was always meant it should be guineas. He goes on to say "that the Medico-Chirurgical Society at large had confirmed in the first instance the rent to be paid by the Pathological Society. The change was the independent act of the Council, and has never been submitted to the consideration of the Society." This error will show the kind of information the writer who undertakes to *enlighten the public* possesses, and how much his statements are to be relied upon. The increase of rent was carried out in exactly the same manner as the original agreement was; the Council settling the affair (as it is their province), and reporting it to the Society at the next annual meeting, as they did in 1863, in the following words:—"*During the past year the Council, being of opinion that the sums paid by the Obstetrical and Pathological Societies were inadequate, have found it necessary to require a larger annual contribution, which has been acceded to by these Societies.*" The increased rent was mentioned, and after a little "grumbling" on the part of some members of the Pathological Society, the recommendation of the Council was *unanimously* adopted. Your correspondent, in stating that the use of the rooms is only required for thirty hours, forgets the use of the Council-room before the general meetings, the receiving the preparations

previous to the meetings, and delivering them up subsequently. He says "that the replies made at the last annual meeting and elsewhere are full of such misrepresentations as to demand notice." I know of nothing that may have taken place elsewhere; but if the writer will drop his *incognito*, and state in courteous language, such as one gentleman has the right to expect from another, any misrepresentations I may have made I will at once apologize for them. He goes on to say "that sixty guineas is a long sum to pay for a room with fire and gas." The Pathological Society has the use of three rooms; and, in addition to fire and gas, the Medico-Chirurgical provides all the stationery the Council requires in Berners-street. He adds, "it is evident that the Medico-Chirurgical did not think £30 a year a bad speculation." The Medico-Chirurgical did not consider it any speculation, but thought they were acting with a liberality that was due to a young Society in providing them with about double the accommodation they had received from the Society they had just left (*Why?*) for the same rent. Your correspondent affirms that the Medico-Chirurgical Society at the present moment enjoys its premises rent free. Now, anyone who is at all acquainted with the affairs of the Society must know that the procuring the lease and the necessary repairs of the house on taking the lease cost upwards of £800, and not less than £200 have since been expended on this leasehold property. In dealing with such property, everybody knows that the interest of the money sunk, as well as a sum of money yearly that will replace that sum when the lease expires, should be always added to the rent.

I was much surprised to hear so able a financier as Dr. Webster say, at the annual meeting, that we stood at a rent of £1 2*s.* 10*d.*; if he had said £51 2*s.* 10*d.* he would have been nearer the mark. The writer continues, "that it is simply untrue to say that the rent cannot be considered extortionate because the Society remains in Berners-street;" and says, "there are public rooms equal, if not superior, in every respect to that of the Medico-Chirurgical, which can be had for half the rent now paid by the Pathological Society." If this be so, I can only say that, in my opinion, if the Pathological Society remain in Berners-street after receiving this information the Council of that Society will not be doing their duty.

The following paragraph in the letter may be assented to by many—viz., "It is only to be regretted that the Pathological Society was ever induced to hold its meetings in the rooms of the Medico-Chirurgical Society." "The honour" conferred upon the senior Society will remain a matter of individual opinion. As to the remuneration made to the officers of the Medico-Chirurgical by the Pathological Society, it is much less than what would be required by other parties were the Council to decline to permit their officers to attend to any business unconnected with their own Society. Since the present resident librarian has held office, the Medico-Chirurgical has made him two grants, equal to two years' rent hitherto paid by the Pathological Society, for work done in connexion with the catalogue of the library. I think it would be more expedient if we retained the entire services of our officers for our own work, instead of allowing them to undertake duties in the service of other Societies.

Your correspondent says that it has been alleged that the Royal Medical and Chirurgical Society provides the Pathological Society with refreshments," and adds, "this allegation is untrue" (another charge of untruth!) I am not aware who alleged this; your report makes no mention of it. I fear this must be considered another error; but if he had wished to be quite correct, he might have stated that all the requisites for serving the refreshments are the property of the Medico-Chirurgical Society. By this arrangement the Pathological Society has not been obliged to invest any of its funds in china, glass, &c. He continues: "It is necessary for the Pathological Society to be very careful of its funds, and not to squander them for the benefit of another Society." It is just the advice I have taken the liberty of giving to the Council of the Medico-Chirurgical with regard to the funds entrusted to them, and I humbly trust they will attend to me. If the finances of the Medico-Chirurgical Society are ever such as to permit them to reduce the rent received from those who occupy any portion of their premises, I hope that they will take into consideration the case of that excellent charity, the Society for the Relief of the Widows and Orphans of Medical Men, who have occupied rooms for a much longer period, and paid a much larger rent than the Pathological Society.

The writer of the letter says: "The last statement of the opponents of the Pathological Society is the most ludicrous of all." I know of no opponents of that Society beyond the writers of such letters as the one you admitted into your journal of the 19th inst. A few such defenders would go well-nigh to ruin any Society, however great its repute might be. I am not about to undertake the defence of the scientific character of the Royal Medical and Chirurgical Society, for I consider that its reputation, past, present, or future, will in no way be affected by any judgment passed on it by your correspondent, nor do I intend to offer any opinion on the relative value the dealers in second-hand books may put on the "Transactions" of either Society; but, as a very humble member of the Medical and Chirurgical Society, I may say that I do not at all dread, with your correspondent, "the evil day when the Pathological and Obstetrical Societies are roused to such a pitch of indignation as to turn their backs upon it on account of its extortionate demands." I am in hopes that the Royal Medical and Chirurgical Society may survive "*this pitch of indignation.*"

I am quite ashamed, Sir, of having occupied so much space in a journal devoted to science with so petty an affair as the question of paying thirty guineas a year by a learned Society numbering near three hundred members; but I felt, as you thought it right to pick me out from all the other Fellows for observation, that I was called upon to make some remarks on the letter in question. With regard to the writer of that letter, as he has chosen to make his attacks anonymously, I shall take no notice whatever of any further remarks by him as long as he withholds his name.

In conclusion, I must beg to say that, from the long acquaintance it has been my privilege to enjoy with the distinguished surgeon who now so fitly occupies the president's chair of the Pathological Society, I feel certain that he will in no way sanction such an attack on another Society as that which has been made by your correspondent. If I have not mis-read Mr. Hewett's character, I feel assured that if he had, either in a public or private capacity, been denounced as an "extortioner;" had it been stated that "his allegations were full of misrepresentations;" "his behaviour contemptible;" "his statements ludicrous;" "that his demands on those with whom he had monetary dealings were preposterous," so that a professional brother "was ashamed of him,"—I think, I say, his "susceptibilities" would have been somewhat aroused: and I have made use of no expression that is not to be found in THE LANCET of the 12th and 19th instant in relation to gentlemen who have given their services as members of Council of the Medical and Chirurgical Society, and who are at least entitled to be considered by their professional brethren as not actuated by any improper motives in dealing with the interests entrusted to them. Again apologising for the length of this communication,

I have the honour to be, Sir, yours obediently,

Savile-row, March, 1864. CHARLES HAWKINS, F.R.C.S.

P.S.—Your correspondent states that "during the past seven years the members of the Pathological Society have increased from 277 to 374, while those of the Medico-Chirurgical Society have diminished from 604 to 586." I must beg leave to correct him. There are at present 608 Fellows of the Royal Medical and Chirurgical Society, and with the honorary Fellows, 639.

"A CASE OF DISTRESS."

To the Editor of THE LANCET.

SIR,—Mr. Thomas Partridge's letter in your issue of the 19th (which professes to be a reply to mine published by you on the 5th inst.) may be fairly regarded as a somewhat unwilling confirmation of what I ventured to bring forward as a simple matter of justice to all parties. He admits much, evades inconvenient points, and "knows little or nothing of what *friends* have given." Doubtless a little ventilation will have opened the eyes of the profession, and will have already enabled them to form not only a benevolent, but also an impartial, opinion.

Mr. Thomas Partridge imputes to me that I am the cause of dragging painful statements as to the family before the public. I deny this imputation; it rests on him alone. I did not name his deceased brother's bankruptcy, though I knew the fact; but he published it, and in several instances in his letter (which I will not recapitulate) your readers may see how he has volunteered statements which under the real circumstances a relative should have been the last person to parade before the world.

But I will not correspond publicly with any *mere individual* on this matter. My appeal was to the committee. No answer has appeared from them, and Mr. Thomas Partridge's letter is not their's, nor are they responsible for its statements. It is the committee who by their *advertisements* produced the *public* impression that the family were wanting the *common necessaries* of life, and if they do not publicly justify such statement when thus questioned by an impartial observer, the public will infer they cannot. Not that I suggest intentional misrepresentation to those gentlemen; for I am led to believe that many of them neither attended the meeting nor knew the facts, but gave their names and money from pure benevolence. One highly respected M.D. of Birmingham gives me some curious information on this point.

Through the information I receive from various Birmingham sources, medical and otherwise, I am inclined to predicate that the committee will not deny *the following* as a close approximation to the truth; and, if it should be necessary to publish the evidence on which the statements are given, any presumed private inconvenience that may result from it to the purchaser of the practice (which I should much regret) must rest with those who would try to perpetuate an erroneous impression.

1. That when the objectionable advertisements (addressed to the public, not to the profession only) were issuing, the total family resources alone, without the subscription list, and without any pecuniary aid from relatives or friends, amounted in money to several hundreds more than £2000; and proved that in income (for several years at least) there would be upwards of £140 a year, besides the chance of some £30 a year further improvement of income by different investment of the £1500 settlement now in the funds.

2. That before the publication of Mr. Thomas Partridge's letter some £80 or £90 in money from relatives and attached friends alone was given or promised to the widow and children, or in the subscription list; and that there was a sale of horses &c. by the widow, yielding from £50 to £70.

3. That the widow has a bachelor brother in very good circumstances (and she is his nearest living relative), who never was consulted as to such a public appeal.

I should have supposed that due courtesy to a large circle of connexions would alone have militated against the putting forth of such advertisements by any committee under the circumstances; and it appears to me thus far almost demonstrated that there could be no want of the necessaries of life. Surely any family in the condition under consideration, as regards friends, &c., could obtain credit for a few months, assuming for the sake of argument the absence of any ready money whatever. While Mr. Thomas Partridge adopts one son, there are rumoured promises of education and placing out in the world of another son and a daughter by relations or friends.

I am told by a respected medical correspondent that there is a "strong feeling against the whole affair amongst many of the profession" in Birmingham, but that they naturally are afraid of incurring odium or of having their motives impugned by protesting publicly. This gentleman adds that Mr. W. S. Partridge before his bankruptcy, being very partial to field sports, rented the shooting &c. of a manor or estate; that "he lived in a stylish and expensive manner, kept a close carriage and pair, ponies for his children," &c.; while another says that at his death he kept eight or ten dogs and several horses.

Having performed an unpleasant duty, I now beg to enclose my cheque for £5 to add to the fund, and request the bereaved family to accept this donation at least, not *in formâ pauperis*, but as a recognition of the generous and open-handed (though somewhat improvident) character of the departed, and their own slender provision.

I am, Sir, your obedient servant,

Gore Lodge, Hyde-park, March, 1864. S. B. BIRCH, M.D.

P.S.—I have just heard from another correspondent that the brother of the widow had the kind of appeal fully stated to him by some of the committee before it was published. To the extent of this rather singular fact (if true) I am glad to modify my communication.

ELECTION OF SURGEONS TO THE LEEDS INFIRMARY.

To the Editor of THE LANCET.

SIR,—The farce of an "election" of three surgeons to the Leeds Infirmary (*rehearsed* several weeks ago) was performed on the 28th inst. In justice to ourselves we have to explain that, agreeably to a suggestion which appeared in THE LANCET of 27th February, the requisition, a copy of which accompanies this note, was issued to thirty-three of the ignored general practitioners of Leeds. From apathy in many, under the knowledge of having been shamefully forestalled, and timid reluctance in others to appear openly against the "clique," although all who are at liberty to speak condemn the jobbery in private, only two of the invited attended the meeting! Those two, however, came not to approve, but the reverse, one having passed much of his early career as boy and youth in the Leeds Dispensary, the other, a son of a gentleman for many years resident medical officer to the same institution, and to which Mr. Wheelhouse, one of the three newly *elected* of the Infirmary, is surgeon. Besides these, two individuals intruded themselves—viz., the present resident medical officer of said Leeds Dispensary, and the resident medical officer of the House of Recovery, both of whom, by the tenure of their service, are expressly debarred from general practice, and, therefore, had no right to be present. They were repeatedly desired to withdraw, but with as little of decency as correct taste, they would not. It soon became palpably evident that they had been *sent* fully charged to deny, contradict, and oppose everything, a course strikingly corroborative of the objectionable character of the entire proceedings of the so-called "election," and of their instigator's consciousness of this. We felt as much contempt for as disgust at the behaviour of the *employés* in this impertinent intrusion; and these did at length think fit to withdraw themselves under a mock resolution to adjourn *sine die*. We then felt that as so considerable a number of our professional brethren—grossly wronged and publicly insulted equally with ourselves by the unbecoming measures of a selfish clique of the "Leeds School of Medicine"—had not the spirit to resent, or record their indignation thereat, we must rest satisfied with having done our part in the matter.

T. F. SAGAR, Surgeon.
R. G. MAYNE, M.D., Surgeon.
J. EWART, Surgeon.

Leeds, 29th March, 1864.

MORPHIA INJECTIONS IN NEURALGIC AFFECTIONS.

To the Editor of THE LANCET.

SIR,—I have read with interest the remarks (in THE LANCET of the 12th March) of Dr. Bennet on the value of morphia injections for the relief of neuralgic pain; and I may say that in several cases I have found marked benefit from this remedy, more especially in the treatment of sciatica. In no less than three cases where every other remedy had been tried, and where the patient was reduced to almost a skeleton through the suffering incidental to the malady, immediate relief was derived from the morphia injection. In one case, that of a medical man, the success of the treatment was very great: in the height of suffering and nervous irritation, immediately upon the use of the remedy relief was experienced, the whole system was lulled and calmed, and the sufferer dropped into a quiet sleep, free from the slightest pain.

Such having been my experience of this remedy in nervous affections of the lower extremity, I naturally infer that equally satisfactory results would follow its application in other nervous affections of the body; and I sincerely hope to find the use of this remedy become more general in the treatment of neuralgic affections. The relief of the suffering is immediate, and in some cases lasting. It would be very satisfactory if those gentlemen who have had experience in the use of this remedy would give their opinion as to its value. The operation is very simple, and attended with no pain; but I have had patients who looked upon it with dread, through not being aware of its very simple nature.—I remain, Sir, yours respectfully,

JOHN HARVEY, M.D.

Chandos-street, Cavendish-square, March, 1864.

A DEBT OF HONOUR.

To the Editor of THE LANCET.

SIR,—Will you allow me space for a report of the amount already received by me as treasurer of the fund for liquidating the debts incurred by the National Medical Registration Association in their strenuous exertions to advance the welfare of the profession. The columns of THE LANCET have from time to time borne testimony to the value of the work thus done. Up to the year 1861 the Association zealously continued its

active exertions on behalf of the profession, as described in a letter which appeared in THE LANCET of Jan. 16th last, under the heading of "Just before Generous." Already great progress had been made in certain works of material importance, undertaken so soon as the Association had completely tested the validity of the so-called penal clauses of the Medical Act. But in that year the amount contributed from the whole profession towards the maintenance of a National Medical Registration Association was not sufficient for payment of the rent of an office or the salary of a clerk! The futility of the Act as a protective measure had been proved, because this was essential to be done before any amendment could be wrung from Parliament; and at this juncture it was that the profession ceased to take any further interest in the matter. The office had to be given up, and every source of expenditure immediately curtailed. Two years have elapsed, and a considerable portion of the debts incurred still remains unpaid, notwithstanding the powerful articles which have appeared in the medical journals, and notably in THE LANCET. It was felt that these debts, some of them very pressing, should not be allowed to fall exclusively on the shoulders of Mr. Lavies, the excellent president; and therefore certain eminent members of the profession have voluntarily come forward to share the responsibility; in faith that their professional brethren could not in honour longer delay to pay off the balance of a debt incurred on behalf of the interest of the whole body.

In the letter published in THE LANCET of January it was correctly stated that the debt then owing amounted to £160. I append a list of the amount I have received since then, and applied towards the diminution of the liabilities. After careful examination, it has been found that there still remains £145 13s. 7d. to be paid off, represented by the following items:—

Petition to Parliament (Income Tax) ...	£12	9	0
Memorial to Medical Council (Amendment of Act)	8	10	7
Stationery	15	12	5
Law Expenses	48	0	0
Printing	12	16	9
Balance of Rent	30	0	0
Advertisements	18	4	10

I have briefly stated the claim which I desire to urge on the profession, and the position it has now assumed as a debt of honour to the gentlemen who have thus offered themselves as guarantees for the credit of their professional brethren. As treasurer of the fund, I beg to appeal to the profession for assistance towards the liquidation of this debt, shall be happy to supply any further information, and to receive contributions from those who have not hitherto assisted.

I remain, Sir, your obedient servant,

HENRY G. WRIGHT, M.D.

23, Somerset-street, Portman-square, W.

Contributions received:—

J. T. Clover, Esq....	£1	1	0	Dr. Henderson ...	0	10	0
Dr. Wakley	2	2	0	Dr. Headland ...	£1	1	0
Dr. Take	1	1	0	Dr. Webster (Nottingham)	1	1	0
H. Obré, Esq.... ...	0	10	6	Dr. Birkett	0	10	0
R. Dunn, Esq. ...	1	1	0	Dr. Ridsdale	0	10	0
Dr. Wright	2	2	0	T. S. Wells, Esq....	1	1	0
Dr. Savage	1	1	0	G. Shepherd, Esq...	0	10	0
J. F. Clarke, Esq....	2	2	0	Dr. Markham ...	1	1	0
W. Slyman, Esq. ...	1	1	0				

POOR-LAW MEDICAL RELIEF COMMITTEE.

IT is stated that the Select Committee of the House of Commons now sitting on this subject are not favourable to the cause of the medical officers. They have refused to open the question by examination of witnesses. Mr. Griffin's able "summary" of the principal points of evidence submitted to the Select Committee, will, however, it is to be hoped, have some effect on the minds of the Committee. The claims made by the union surgeons are reasonable and just, and could be carried out so easily and with so much benefit to the public, that it is difficult to see on what grounds the Committee can ignore them.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

BRITON MEDICAL AND GENERAL LIFE ASSOCIATION.

THE tenth annual general meeting of shareholders and members of this Association was held at the head office on Thursday, the 17th inst. Francis Webb, Esq. (Deputy-Chairman), presided, in the absence of Dr. G. H. Barlow (the Chairman of the Board), who was professionally attending an important trial in the provinces.

The Association will be more familiarly known to the medical profession as the New Equitable Life Assurance Company, which is now incorporated with the Briton under the present title. The New Equitable was founded by the late Mr. Wakley for the purpose of securing to the members of the medical profession a proper remuneration for the important services rendered by them to life assurance companies, and which, up to the date of its formation, had received no adequate recognition.

It is stated that the Briton Medical and General (and New Equitable) Life Association has in the past ten years paid in medical fees over £17,000, and that during the last two years alone the fees paid amount to £4844.

As the progress of such a Society cannot fail to be of interest to the profession generally, we publish a report of its last annual meeting.

Mr. J. MESSENT (the Secretary) having read the advertisement convening the meeting, the minutes of the last general meeting, which were confirmed, and the Directors' Report (see advertisement in our present number),

The CHAIRMAN said that, in accordance with a custom which the Briton Office had invariably adopted, they had given the fullest particulars in their annual report, and therefore it would not be necessary for him to occupy much of their time. But there were a few things which he would like to make a few observations upon. They would see, from the first part of the report, that one-fourth of the proposals brought before the Board had not been completed, showing that the same care and vigilance which had always characterized this Office, and which had been the greatest causes of its success, had still been exercised. (Hear, hear.) Notwithstanding the rejection of so many proposals, they continued on the ascending scale as regarded the new premiums. They had gone from £10,000 and £15,000, to £18,000, and next year they hoped to do £20,000 or £21,000, and this showed that they were looked upon throughout the country as one of those offices which agents had pleasure in recommending. This continuous rate of progress was very satisfactory. (Cheers.) The receipts for the past year were £113,000, and after deducting all expenses and claims of which they had any knowledge, up to the 31st of December, there was a surplus of £45,000 to carry over to the reserve fund. (Hear, hear.) Any office that could carry over one-third of its income was doing exceedingly well. It was a data by which they could judge of the soundness of an office. One-third of the income of this Association would be £37,000, whereas they carried over £45,000, notwithstanding many extra expenses. In the early part of last year they had, he might almost say, three establishments upon their hands—the Briton, New Equitable, and the Unity, and these augmented the expenses. The auditors, as usual, had not contented themselves with the books of the secretary, without testing the accuracy of every item, and they had admitted the existence of no security without seeing the actual parchment. The claims had been somewhat heavy this year; but having regard to the number of policies in force, they were below the average. This year the claims had fallen upon policies of large amounts. Many of them had been policies upon the lives of immediate connexions of the Office, whose deaths were most premature. There had been one or two instances in which first-class lives had dropped within four or five months, within three weeks even. Comparing the average of their policies, on those existing in the Association—between 12,000 and 13,000—with those which had dropped during the year, it was found that the

latter exceeded the average by about £40; so that though last year they had been somewhat unlucky in this respect, on the doctrine of averages, they hoped this year they would fall amongst policies of a smaller amount. This was a most important meeting, because the report of their Actuary was before them. They had been anxious to bring it before the members sooner; in fact, he would say, that the Directors were somewhat disappointed that it had not appeared sooner; but when they saw the amount of labour involved in the investigation, instead of being at all surprised, they were gratified that it had been issued so soon. Mr. Scratchley had made a valuation of every single policy, and there were nearly 13,000, and the result was exceedingly satisfactory; for upon the three years' transactions there had accumulated a gross profit of £170,690. From that fact, the members might be rather surprised that so small a sum as £20,000 was appropriated to the bonus, but they must remember that they had not only a most experienced, but also a most cautious Actuary in their friend Mr. Scratchley, who had regard to the fact that this Office had hitherto done so well, even beyond their most sanguine expectations, and also to the safety of the future—because the Briton Medical and General was not an Office established ten years ago, and which would not be heard of fourteen years hence. Their thorough belief was, that by the same care and vigilance they had hitherto exercised this Office would survive its tercentenary for many years; in fact, would continue to flourish so long as it was guided by the same principles. (Cheers.) The Actuary had, therefore, recommended, that out of the profits of the three years they should appropriate the comparatively small sum of one-ninth by way of bonus; or, in other words, that they should carry over £150,000 of the profits which had accrued to the reserve fund, distributing only £20,000 amongst the share and policy-holders. The bonus was applied to shortening the period through which the premiums were paid, so that the amount of the policy became payable during the lifetime of the assured, while their funds increased in strength from not immediately parting with them. With regard to the shareholders, they recommended that, instead of receiving the share of the bonus to which they were entitled, it should be carried to the increase of their capital. (Hear, hear.) The bonus to the shareholders was one-fifth of the total profits allotted for division; and £20,000 being the amount recommended to be distributed, £16,000 would be appropriated to the policy-holders, and the remaining £4000 would be appropriated to the shareholders, which would be added, as he had said, to their paid-up capital. For instance, the man who held ten shares on which he had paid £10 would now be credited in the books for £12 10*s.*, carrying interest at the original five per cent. upon the £12 10*s.* (Hear, hear.) That was a two-fold advantage, not only to the Company generally by keeping their assets larger, but to the shareholder, inasmuch as by twenty-five per cent. it diminished his liability, and also gave an increased value to his shares, in case of his desiring to part with them. (Hear, hear.) He was very glad to find that up to this time the results of their business had shown that the principle on which the Briton was originally established, that of applying the bonus to the reduction of the period in which the premiums should be paid, making the policies payable during the lifetime of the assured—had shown itself to be a success, and the data on which they started had been realized to a mathematical precision. (Cheers.) The Chairman then alluded to the Government Annuities Bill, and impressed upon the meeting the desirability of extending their private influence in every way they could to promote the benefits of their Association, and concluded by moving the adoption of the report. (Hear, hear.)

Dr. W. TYLER SMITH said the duty devolved upon him of seconding the adoption of the report, and he did it with very great pleasure. After the lucid and very elaborate statement of Mr. Webb, it would not be necessary for him to trespass much upon their time. He could only congratulate the whole Association upon the position it occupied. It must be a great pleasure to all concerned to see that this Office was gradually expanding year after year, consolidating itself into what promised to become one of the greatest institutions of this kingdom. (Hear, hear.) He might perhaps, as a medical man, be pardoned for thinking especially of the medical aspect of the report. They had heard that about one-fourth of the lives proposed had been rejected, and though this might seem a large number, still it was necessary for the safe conduct of life assurance that all faulty lives should as far as possible be eliminated. If they admitted them they admitted an element of mischief, tending to diminish their profits. (Hear, hear.) It seemed to him that this falling through of so many proposals was the most positive argument against governmental interference with life assurance. (Hear, hear.) How Government could carry on insurance business successfully without any supervision such as existing Societies exercised he could not conceive. This Association had had a larger measure of medical support during the last two years than in any preceding period. They had always carried out liberal principles with regard to the medical profession, and he believed he might say that, notwithstanding they were a large general Office, they were pre-eminently the medical Office of the day. (Cheers.) The bonus and interest upon their shares were very satisfactory, and matters of great congratulation. He hardly knew whether to be more satisfied as a shareholder or as a policy holder, but he was well contented in both respects. (Hear, hear.)

Some questions having been put by the Rev. R. Jones, and satisfactorily answered,

The report was adopted unanimously.

Dr. LANKESTER (Coroner for Middlesex), in rising to move the next resolution, said that, although he had only recently become connected personally with this Office, its movements were not at all novel to him. For many years he had watched with great interest the way in which it had been conducted, and he believed from a medical point of view, with Dr. Tyler Smith, that the medical profession had every reason to be satisfied with an Office which had been carried on with so much honour and respect for their position in regard to Life Assurance. (Hear, hear.) Nothing was gained by a disregard of medical advice in Life Offices, and those who thought themselves independent of professional assistance invariably suffered most. He knew this Association had been watched over, and was at the present moment under the direction of a number of medical men of the highest standing, and that its success was largely due to the careful supervision and professional attention which had been given by them. (Hear, hear.) They had heard by the report that three of the Directors retired by rotation, and as he was sure it was the wish of the members that they should not permanently retire from office, he had pleasure in proposing that Dr. Samuel Richards, Mr. William Hamilton, and Mr. William Manton be re-elected as Directors of this Association. (Cheers.)

The motion was seconded and carried *nem. con.*, and Dr. RICHARDS returned thanks on behalf of himself and colleagues.

On the motion of JOHN PROPERT, Esq., seconded by Mr. BLYTH, the Auditors were re-elected.

The CHAIRMAN proposed the payment of a dividend at the rate of five per cent. per annum upon the paid-up capital, as increased by the bonus, explaining that this would be equal to a dividend at the rate of six and a quarter per cent., and that it would continue at this rate from the 1st of January, 1863, till the 31st December, 1864.

The motion was duly seconded and carried unanimously.

The Rev. Dr. MAJOR said the next resolution would require no observation on his part, after what they had heard. It was, "That the best thanks of this meeting are due and are hereby tendered to the Directors for their valuable services in watching over and promoting the interests of the Association during the past year." (Cheers).

Mr. PROPERT seconded the motion, which was carried *nem. con.*, and acknowledged by the Chairman.

A vote of thanks was then unanimously passed to the consulting actuary, Mr. ARTHUR SCRATCHLEY, M.A., who said, in acknowledgment, that he was very much obliged to them for their kind expressions towards him for any little services he had been enabled to render the Association. He quite agreed with the Chairman in thinking this meeting was not of an ordinary character, because it was the first which had been held since they had gone through that great organic movement in the nature of amalgamation; and he, as their consulting actuary, could not but feel, when he was called upon to make the investigation, that he had to do it in an unusually careful manner to satisfy himself that the institution had not in any way retrograded since the amalgamation which had taken place, and, therefore, that fourteen months should have expired before the result of the investigation had been made known must not be matter of surprise. When they considered this Association had in a period of three years jumped from an income of £35,000 to £120,000, if he had not been able to recommend a bonus at all satisfactory to them he should not have been surprised. (Hear, hear.) The amalgamation had necessitated expenses which had in some way diminished the amount available for allotment, and yet, in spite of that, it was pleasing to him to see that the balance of assets over liabilities was £170,000. (Hear, hear, and applause.) That he should have recommended the comparatively small sum of £20,000 for dis-

tribution was not surprising, when he pointed out that the valuations of this Society took place every three years, instead of five years, as was generally the case. When an actuary was called upon to estimate the progress of a Society during the short period of three years, he had to contend with elements which affected his results,—he had to see whether there might not be some aberration in the law of mortality; and, feeling that three years was not sufficient time to provide against fluctuations, he (Mr. Scratchley) had taken upon himself to recommend the Directors to bring before them at a fit time the desirability of extending the valuation to every five years, which afforded a fair time for an average. Last year their claims were £38,000, but it would not be a fair guage to estimate their mortality by that circumstance; and in like manner a term of five years would afford a more perfect test of the proportion of expenses to receipts. By reserving so large a sum, those who remained in the Association and those who would join hereafter would reap the advantage of larger profits in future divisions. The question of expenses in an Assurance Company was a relative question. There were few Societies in London which could stand the test to which he had submitted the Briton. He urged upon them the necessity of providing for the liabilities by setting aside every year a sufficient amount of the premium income, and the amount he, as an actuary, laid down was ninety per cent. upon the premiums which were received—that was to say, he contended an assurance fund should be created, that ninety per cent. of the income should be set aside every year, and then all claims and matters of that kind should be charged against it. Any Society that did that must always be safe. This Office did a sufficient amount of new business to pay all the expenses, leaving the original income free from any charge whatever, but the ordinary claims. (Hear, hear.) He could frankly say that there was scarcely any Office in London that did sufficient new business to pay all its expenses. It had been laid down by the Chancellor of the Exchequer, that a Society should always have in hand thirty per cent. of the money it had received; and in the speech he made the other night in the House of Commons, he mentioned certain institutions as being necessarily sound because they stood the test; but insurance business was entirely a question of average and the time would always come when the income of a society would be liable to be absorbed in the claims. At that time, however, there would be an accumulated fund, sufficient to provide for the risks; and it would be idle to say one society could be compared with another, when the number of years they had existed was not taken as an element in the question. (Hear, hear.) With regard to this Office, they need not be afraid that their business would be affected by the measure introduced by the Chancellor of the Exchequer. If they had now only £35,000 a year income, it would be a serious matter for them to have to compete with such a powerful organization as Government; but they had now attained such a position that proposals of large amounts would flow in, and they would thus keep up a good new premium income. (Loud applause.)

The CHAIRMAN, in highly eulogistic terms, moved a vote of thanks to the secretary, Mr. John Messent.

Professor PARTRIDGE said he never rose to second a resolution with greater pleasure than that just proposed. They all knew that, however careful might be the chairman and directors, they could not efficiently carry out the working of a society like this without an able secretary, and those who had come in contact with Mr. Messent, as he had done on various occasions, would bear testimony to his great ability—that he was most able, most earnest, and, what was a great point, seeing that discretion was the better part of valour, he was most discreet. (Cheers.) In dealing with different men he was genial and courteous yet bland. They all acknowledged that the Briton had taken a high position amongst the great metropolitan assurance societies, and that it would ever maintain that position he had a most firm conviction. (Loud cheers.)

Mr. MESSENT, who was warmly applauded on rising, assured them he was deeply sensible of the compliment they had just paid him, and he was more sensible of those words of commendation which had been bestowed upon the resolution on account of the position of the gentlemen who had been so good as to make them. It was not his first appearance in this character, and therefore the tale he should have to tell would be somewhat stale. He always looked forward with great personal anxiety to their annual meeting; but as each year developed the resources of the Association, and enabled them to build up that edifice which they had been striving so long to construct, that anxiety very much diminished. (Hear, hear.) They must all say that, however sanguine their expectations were some years since, however boldly they dared to look forward to the future, those expectations had been most fully and perfectly realized. (Cheers.) He conceived that the policy of the Directors, from the very time this Association was established, had been one that must meet with the commendation of every shareholder, policy-holder, and agent in connexion with them. (Hear, hear.) He did not quite agree with some of the remarks made, that the Bill now before the House of Commons was not likely to injure insurance companies. (Hear, hear.) Besides which, the blow did not seem aimed at those societies requiring correction. If the Chancellor of the Exchequer had simply desired to benefit the working classes, he would have done as much good if he had limited his assurances to £25 as to £100. They all knew that £100 policies were not issued to the working classes, but to young men of about twenty years of age, who were in a fair position of life, and who at twenty-five took out a second £100, and a third perhaps at thirty. He could put his hand on nearly a thousand cases in his own office where that course had been followed. (Hear, hear.) However, he agreed that if by any legislation the Chancellor of the Exchequer could fairly control their companies, or render fraud of less frequent occurrence, or insist that men who governed them must be duly qualified, and not men taken from trades or situations diametrically opposed to the science of life assurance—if he could make legislation that should restrict the use of funds or anything like that, he would be supported by all the respectable life assurance companies in the country. (Hear, hear.) If the Bill did become law they must endeavour that it did not injure this Association. (Cheers.) Let them leave no step untaken and no means untried to conserve all that they had at the present moment, as well as to bring new business. (Hear, hear.) He was pleased to find that the bonus had been received so satisfactorily, and that there was no proposition emanating from anybody that the shareholders' dividend should be increased. Their policy with regard to the funds had always been a conservative, and not a popular policy; and he thought they might look forward to increased results in the future. (Cheers.) Mr. Messent then referred in pleasing terms to the staff, and remarked that so long as he had power and intellect he would always devote himself to the services of the Association. (Loud applause.)

The CHAIRMAN next moved a vote of thanks to the agents and district managers, and spoke in the highest terms of their efficiency.

Mr. WARD seconded the motion, which was carried unanimously.

The CHAIRMAN said that no one could have heard of that fearful dispensation of Providence at Sheffield without feeling anguish for the sufferers. (Applause.) It had been his intention to bring before the Board, at their meeting, the subject of voting a certain sum to the fund being raised for their relief (great applause), but he felt that that was a most opportune time to ask the shareholders for a bill of indemnity, to ask them to contribute the sum of fifty guineas to that fund. (Cheers).

After some further remarks the donation was agreed to, and the usual vote of thanks having been passed to the Chairman, the meeting separated.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

YOUR readers may remember my having brought under their notice the curious piece of *esclandre* now prevalent about Queen's College, Cork, when I ventured to express the opinion that it would be impossible for Government to allow matters to stop as they were, but that an investigation should be held for the purpose of ascertaining whether the President or the Professor were the censurable party. It appears now that the matter has been referred to the Visitors, and that an inquiry will be held immediately after the Easter recess, when interesting revelations may be expected. In the meantime, as if even not to allow public attention to flag in the interest it should take in such a question, a second fire broke out, which, I believe, cannot be attributed to other than accidental circumstances. It seems that the joists of the flooring of the room which was burned ran almost into the fireplace of the next room. In this fireplace, in which there is no grate, a fire had been lit by some cabinet-makers who were at work in the

room, and who required the fire for melting glue, &c. Between the joists and the fire there was nothing but a thin coat of plaster, and the result, of course, was that the joists became as dry as tinder. The coating of plaster must have become red hot, the joists must have caught fire, smouldering during the day and evening, and, communicating the fire to the flooring of the next room, must have burst into flames at about ten o'clock. Had there not been such a copious supply of water at hand, or had not the fire been so early perceived, not only would the whole wing have been destroyed, but all evidence of its origin would have been lost, and the fire would have been wrapped in the same mystery which envelopes its famous predecessor. A great part of the flooring of the room will have to be renewed, and some book-cases, with valuable plate glass fronts, which were in the room at the time, were also destroyed. The amount of loss is estimated at between £50 and £100. It will fall upon the contractor, who is, I understand, heavily insured. This simple explanation, however, does not seem sufficient for the Professor of Surgery; for I read, in the *Cork Examiner*, that "Dr. Bullen had a private interview, at the Police-office to day, with Messrs. J. L. Cronin, R.M., and W. L. Perrier, and that a further information was sworn by him in reference to the burning of the Queen's College in 1862. We do not feel at liberty, at present, to enter into particulars with respect to the contents of the information; but our readers may, from what has lately appeared on the subject, form an idea of its purport." Not content with which, he addressed to the Mayor and Corporation of Cork a letter marked *confidential*, (fancy how *confidential* a letter addressed to some fifty or sixty people must be!) which letter, however, the Mayor refused to make public, inasmuch as it contained passages imputing "a very serious charge against an eminent person."

The *on dit* is that at the approaching visitation, the Senate of the University will be legally represented by Messrs. Brewster and Whiteside; the President by Messrs. C. Barry, Q.C., and Gould; the Town Council (to watch proceedings) by Mr. Justin M'Carthy. The Professor of Surgery sought the services of Serjeant Sullivan in his behalf, but the fee was returned. Fresh informations were privately tendered to-day before Mr. Cronin, R.M., and Mr. W. L. Perrier; but there is no certainty as to their having been taken.

The foundation stone of the new Carmichael School was laid this day, in the presence of a most distinguished audience, by his Excellency the Lord Lieutenant. The ceremony was inaugurated by Dr. Robt. M'Donnell, Professor of Surgery, reading a most interesting address, giving an account of the origin of the School. This duty devolved on him, I regret to add, in consequence of the absence through sickness of the Senior Professor, Dr. Mayne. In the year 1826 the late Richard Carmichael, in company with the late Ephraim M'Dowell, and our present Surgeon in Ordinary to her Majesty in Ireland, Robert Adams, started this School in the immediate vicinity of the House of Industry Hospitals, thus supplying the students means of pursuing their anatomical studies in connexion with their attendance on these hospitals. From that period up to the time of his sudden and untimely death Mr. Carmichael took a deep and lively interest in its welfare, and shortly before his death bequeathed to it, in addition to other princely bequests for the advancement of the profession which he so truly loved and so highly honoured, the munificent sum of ten thousand pounds—two thousand to be devoted to provide a prize fund, of which sum the interest only was to be annually available, the remaining eight thousand pounds to be devoted to rebuilding the School, but this latter sum was not to be available until after his widow's death. Since the period of Mr. Carmichael's death (he was drowned on the 8th of June, 1849) the prize fund has been duly applied to its intended purpose, but a long period, it is to be hoped, has still to elapse ere the event contemplated by Mr. Carmichael's will would have made the building fund available. Some months ago, however, Mrs. Carmichael, in the same noble and munificent spirit as always throughout life actuated her husband, resolved to render this fund immediately available, and the consequence is the ceremony of this day. Such acts bear their own commendation, and it is sincerely to be wished that Mrs. Carmichael may yet be spared many a year of usefulness, and that she may live to see many an ornament of our profession emerge from the portals of the School, the foundation stone of which was laid this day, still further to add lustre to the reputation of the great and good Carmichael. Much and more than this was embodied in the admirable address read on the occasion to his Excellency, who gave the following gracious reply, after which he laid the stone in a truly workmanlike manner.

"Gentlemen,—I have accepted most gratefully, and, indeed, with a deep sense of personal obligation, the invitation to lay the first stone of the new Carmichael School. It would be most superfluous here, in the heart of Dublin, in the immediate neighbourhood of the noble cluster of the surrounding hospitals, and, above all, in the presence of so many of his own associates, pupils, and admirers, to recur to the professional reputation, memorable achievements, and not less signal personal qualities of Richard Carmichael. I would merely remark that there is a most appropriate and admirable consistency between the engrossing and devoted labours of his illustrious life, and that parting and posthumous bequest of which, by our act of this afternoon, we are about to realize the beneficial results. In drawing an omen from the past efficiency of the Richmond Hospital or old Carmichael School, it must be most gratifying to see the inaugural work on which we are now engaged graced by the presence of Mr. Adams, who was one of the original colleagues of Mr. Carmichael in founding the primary institution, and who has trod the same path of honour and usefulness. This brief address would be, indeed, most incomplete if it made no mention of her who had the most interest in the fame of her husband, and who has done more than all others to extend and perpetuate it; who, showing a wiser as well as a nobler love than the Carian Queen of old, has not sought to raise over his cold remains her mausoleum in the dumb marble or lifeless statuary, but has caused him, though dead, still to speak in precious services to suffering humanity, still to live in the thanks and blessings of rescued multitudes."

Dublin, March 29th, 1864.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 24th ult.:—

Evans, Evan, Llandyssil, South Wales.
Fox, Francis, Ringwood, Hants.
Hall, John, East Retford, Notts.
Lloyd, Albert, Bristol.
Powles, Revett Coleridge, Ipswich.
Ricketts, James, Liverpool.
Shaw, Edward Thomas, Packington-street, Islington.

On the 23rd ult.:—

Philipps, Alfred, Lamb's Conduit-place, W.C.

The following gentleman passed his first examination on the 24th ult.:—

Worthington, Frederick Edward, Manchester.

ROYAL COLLEGE OF SURGEONS.—Professor Huxley brought his course of twenty-four lectures on the Structure and Classification of the Mammalia to a close on Saturday last. Professor Fergusson will not commence his course until June next, when he will deliver six lectures on the Progress of Surgery during the present century.

PROFESSOR OWEN, F.R.S.—This distinguished physiologist had the honour of delivering a lecture on Natural History before the Queen and Royal Family on the 29th ult., and will deliver three more by command of Her Majesty.

IMPORTS OF MEDICINES FROM CHINA.—From a return just published, it appears that during the year 1862 there were imported into this kingdom from China:—Camphor, 1222 cwt.; cassia lignea, 345,140 lbs.; oil of cassia, 20,166 lbs.; other essential oils, 62,634 lbs; rhubarb, 165,326 lbs.

TESTIMONIAL.—Mr. B. R. Boast, of the Lewes Dispensary, being about to leave that place, has been presented by the friends of the institution with a silver snuff-box as a mark of respect.

ROYAL MEDICAL COLLEGE, EPSOM.—Sir Charles Locock, Bart., M.D., has consented to preside at the annual festival of this excellent institution. We trust there will be a numerous gathering of our brethren to support the worthy baronet, and to testify by their presence and subscriptions the interest they take in the College.

WESTERN CIRCUIT: BRISTOL, MARCH 29TH—(Before Mr. BARON MARTIN): LONG *v.* MARSH.—The plaintiff was a surgeon at Thornbury, in the county of Gloucester, and the defendant was a tin merchant there. The plaintiff, having been in difficulties, had been compelled to go through the Court of Bankruptcy, and the defendant, as one of the debtors, was summoned to the Court and admitted the debt, but resisted payment on the ground that the plaintiff was not a proper

practitioner. The plaintiff then produced a receipt from the Council of Medical Education for fees for registering him. The defendant stated upon his oath that the receipt was a forgery. The Court of Bankruptcy then refused to make an order on the defendant for payment, but an action must be brought which would enable the plaintiff to prove his qualification. The action was then brought. The judge said that the document referred to by the plaintiff was a receipt from the Medical Council, while the declaration alleged it to be a certificate from the College of Surgeons. Leave was ultimately given to amend the declaration before the first day of term, or the plaintiff would be nonsuited.

THE ROYAL INFANT.—On the 17th ult., the infant child of their Royal Highnesses the Prince and Princess of Wales was vaccinated. The vaccine produced the desired effect, and the Royal infant has passed through the various stages of the process in the most satisfactory manner.

PRESENTATION TO A MILITARY SURGEON.—A meeting of the 16th Kent Royal Volunteers was held on Monday last for the purpose of presenting a sword to Dr. Penfold, the Honorary Surgeon of the regiment. The Chairman, W. Walter, Esq., on behalf of the subscribers and friends, warmly eulogized the exertions of Surgeon Penfold, to which he responded in suitable and feeling terms.

FOREIGN CO-OPERATION WITH THE REGISTRAR-GENERAL.—The Registrar-General has recently brought under the notice of the authorities of the great cities of Europe a plan for securing returns of diseases and of the weather simultaneous with those of London. Vienna, which is the seat of one of the greatest medical schools of Europe, has already responded to his application, and he expects to receive from that city a regular series of returns which cannot fail to afford interesting comparisons with those of London. Vienna is about to adopt many of the sanitary improvements which have worked so beneficially in England; and Dr. Glatter, a most zealous officer of the City Council, has undertaken the task of measuring their effects on the prevailing disease and the rate of mortality.

DR. MOORE AND THE BETHNAL-GREEN BOARD OF GUARDIANS.—The Poor-law Board, having made a lengthened inquiry into the charges made against Dr. Moore, one of the medical officers of the Bethnal green Union, have forwarded their decision to the Board of Guardians. After a full recapitulation of the differences that existed between Dr. Moore and the Board of Guardians, they state that "having regard to the several circumstances affecting his conduct which were established against him in the first inquiry, and to the resolution passed by the Guardians that they had lost all confidence in him, the Board feel that they have no alternative, consistent with their public duty, but to require him to resign his present office."

THE COLOURING MATTER OF THE BILE.—In a communication lately made to the Royal Society, Professor Stokes, of Cambridge, has shown that the colouring matter of the bile, which has been named biliverdin, is not, as was supposed by Berzelius, identical with chlorophyll. The optico-chemical tests, unknown, of course, to that great chemist, indicate marked differences between the two substances. Professor Stokes has lately been much engaged in the optico-chemical examination of chlorophyll, and proposes to present the details of these researches to the Royal Society before long.

ALLEGED ILL-TREATMENT OF A LUNATIC AT HAYWARD'S HEATH ASYLUM.—An inquiry has lately taken place before the Sussex visiting justices, at Hayward's Heath Asylum, respecting the death and alleged ill-treatment of a lunatic, and at which inquest severe and ungrounded imputations were cast upon the medical officers of that institution. Great public excitement had been roused by an exaggerated report which had been circulated on the subject. It is satisfactory, however, to learn that after a very lengthened and searching investigation the visiting justices arrived at the following resolution:—"That the committee, having most carefully examined and inquired into the alleged ill-treatment of James Snashall, are unanimously of opinion that there is no foundation whatever for the charges made, and that the chairman be requested to furnish the Commissioners in Lunacy with a full statement on the subject, with an expression of the regret of the committee that any further inquiry should have been thought necessary." They also directed that a communication should be addressed to the Brighton Board of Guardians stating that the committee was unanimously of opinion that the charge of alleged neglect on the part of the asylum officials was without foundation. It was due to the voice of public opinion which has been expressed, and more particularly to the character of the medical officers of the institution, that the inquiry should have been instituted. The very natural sensitiveness which exists in the public mind with respect to the treatment of lunatics in asylums is worthy of all attention. It is gratifying to know that there is no possible blame to be attached to the medical officers of the asylum, who, as might be expected from the high character which they enjoy, have acted with the greatest skill and humanity.

THE LATE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT.—A marble bust of the late Director-General, T. Alexander, C.B., executed by Calder Marshall, R.A., has just been placed in a niche in the large central hall of the Royal Victoria Hospital at Netley. The cost of the work has been defrayed by subscription among the medical officers of the army who served under him. The bust, which was in the sculpture collection at the exhibition of the Royal Academy last year, is much admired, both as a work of art and as a strikingly faithful representation of the noble features and commanding attitude of the late Director of the Army Medical Department. It represents him in the uniform of his rank, and wearing his various decorations. The bust now stands on a handsome pedestal of variegated pink marble, and this again rests on a pediment of black marble, all highly polished; the whole forming a prominent object and at once attracting the notice of visitors passing into the hospital by the principal entrance of the building.

SANITARY REGULATIONS FOR THE TRANSPORT OF TROOPS.—Deputy Inspector General of Hospitals C. A. Gordon, C.B., has published some remarks on sea transport for troops for India and China. He strongly advises the establishment of a regular organized line of transports under naval agents, commanded by the senior officers of the station, each ship to be commissioned for three or five years, and attached to victualling yards in India and China; the erection of a grand island sanitarium, a transport department in Egypt, a receiving vessel at Alexandria, as at Hong Kong, and other improvements on the present system which deserve the serious attention of the authorities, who must be desirous of mitigating the grave evils which at present exist, as Dr. Gordon points out.

PRIZE ESSAY ON TOBACCO.—Among the prize questions of the Belgian Academy of Medicine is one for the best essay "to exhibit by observations and experiment the effect of the use and abuse of tobacco in a healthy man," for which a medal worth 300 francs will be given.

THE LATE DR. TOBIN, R.N.—On the 17th of February, Dr. John Kelly Tobin died at Brussels, aged seventy-nine. He commenced his career in the Royal Navy, was present at the capture of the fleet in the Basque-roads, afterwards entered the army, and was present during the Peninsular War in seventeen general actions, and retired on half-pay of the 9th Lancers, in consequence of wounds.

MEDICAL VACANCIES.

Dover Union (1st Division of St. James's District)—Medical Officer.
Kent County Ophthalmic Hospital—Honorary Surgeon, vice Mr. Woolcott resigned.
Middlesex County Lunatic Asylum—Assistant Medical Officer for the Female Department.

MEDICAL APPOINTMENTS.

J. H. ARMSTRONG, M.R.C.S., has been appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne, vice F. J. Roberts, resigned.

R. CORBET, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Stanford-le-Hope District of the Orsett Union, and for part of Little Warley, in the Billericay Union, vice T. M. Parrott, M.R.C.S.E., resigned.

H. COULTAS, Esq., has been appointed Professor of Botany in the Charing-cross Hospital Medical College, vice E. Head, M.B., resigned, on his appointment to the joint Lectureship on Midwifery with Dr. Chowne.

G. H. ELLIOTT, M.R.C.S.E., has been appointed Medical Officer to the No. 5 District of the Westhampnett Union, Sussex, vice C. S. Jones, resigned.

H. HANNA, M.D., has been elected Medical Officer for the Ballygomartin Dispensary District of the Belfast Union, vice A. H. Cooke, M.R.C.S.E., resigned.

T. V. JACKSON, M.R.C.S., has been elected Surgeon to the South Staffordshire General Hospital, Wolverhampton.

R. METCALFE, M.D., has been elected Medical Officer for the East Leyburn District and Workhouse of the Leyburn Union, Yorkshire, vice J. Terry, M.R.C.S.E., resigned; and Public Vaccinator for the same District, vice T. Edmundson, M.R.C.S.E., deceased.

J. MOIR, F.R.C.P.Ed., has been appointed Physician to the Royal Hospital for Sick Children, Edinburgh, vice P. S. K. Newbigging, M.D., deceased.

T. NUNNELEY, F.R.C.S.E., has been appointed one of the Surgeons to the General Infirmary, Leeds.

F. B. QUINLAN, M.D., has been appointed Medical Superintendent of the Smithfield Prison, Dublin, vice T. Brady, M.B., deceased.

S. SMITH, F.R.C.S.E., has been appointed Consulting Surgeon to the General Infirmary, Leeds, on resigning as Surgeon.

T. P. TEALE, F.R.C.S.E., has been appointed Consulting Surgeon to the General Infirmary, Leeds, on resigning as Surgeon.

T. P. TEALE, jun., M.A., F.R.C.S., has been appointed one of the Surgeons to the General Infirmary, Leeds.

C. G. WHEELHOUSE, M.R.C.S.E., has been appointed one of the Surgeons to the General Infirmary, Leeds.

W. R. WOODMAN, M.D., has been appointed Surgeon to the N Division of the Metropolitan Police, vice J. W. W. James, L.R.C.P.Ed., deceased.

T. H. WORGER, M.R.C.S.E., has been appointed Assistant House-Surgeon to the Kent and Canterbury Hospital, vice F. Buckle, M.D., resigned.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

R. ADAMS, M.D., Assist.-Surgeon 81st Foot, has been ordered to assume temporary medical charge of A Battery 2nd Brigade Royal Horse Artillery at Morar, in addition to his other duties, vice Assist.-Surg. J. Pringle, M.D.

S. C. AMESBURY, M.R.C.S.E., Assist.-Surg. 31st Bengal Native Infantry, has been directed to assume medical charge of the Station, Barrackpore, vice Assist.-Surg. G. Bremner, Lahore Light Horse, proceeded with his Regt. to Calcutta.

C. A. ATKINS has been appointed Staff Assist.-Surg. Army as from Sept. 30th, 1863.

H. BAILLIE, M.D., Presidency Surgeon, Bengal, has been appointed to the medical charge of the Lower Orphan School, as a temporary arrangement, in addition to his other duties.

J. BARKER has been appointed Staff Assist.-Surg. Army as from Sept. 30th, 1863.

J. E. BARKER, M.B., has been appointed Staff Assist.-Surg. Army as from Sept. 30th, 1863.

G. BARNES, L.R.C.P.Ed., has been appointed Hon. Assist.-Surg. to the 16th Staffordshire Rifle Volunteer Corps, vice Turner, deceased.

J. BARRY, M.D., has been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

J. F. BEATTIE, M.D., as been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

J. M'N. BEATTY, L.R.C.S.I., Assist.-Surg. 98th Foot, has been posted to the 71st Foot, Punjaub Infantry.

A. W. BEVERIDGE, M.D., Staff Assist.-Surg., has been ordered to do duty with the 77th Foot, Allahabad.

R. H. BOLTON has been appointed Staff Assist.-Surg. Army as from Sept. 30th, 1863.

G. S. BURNSIDE, L.R.C.S.I., Assist.-Surgeon 51st Foot, Bengal, has been appointed to the medical charge of F Battery 19th Brigade Royal Artillery, Durband Field Force, vice Assist.-Surg. G. T. Bourke, who has proceeded to join the Left Wing of his Regiment at Nowa-Killa.

J. C. CORBYN, Assist.-Surg., has been ordered to perform the duties of officiating Garrison Surgeon at Chunar, Bengal.

H. CROCKER, M.D., Assist.-Surg. 4th Infantry Hyderabad Contingent, has been appointed to the officiating medical charge of the 2nd Cavalry Hyderabad Contingent from the date of its arrival at Aurungabad during the absence of Assist.-Surg. B. Williamson, M.B., on medical certificate to Europe, and to afford medical aid to the 4th Infantry and 4th Co. of Artillery Hyderabad Contingent, and Staff and Details at that Station.

C. M'D. CUPPS has been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

R. J. B. CUNYNGHAME, M.D., has been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

A. M. DALLAS, Assist.-Surg. Bengal Service, officiating Inspector-General of Prisons and Dispensaries in the Punjaub, has been confirmed in that appointment with effect from the date on which it was vacated by Surgeon C. Hathaway.

D. B. DALY, M.D., Assist.-Surg. Bengal Service, has been ordered to assume the medical charge of the Station, Mynpoorie, until further orders.

C. J. FENNELL, Assist.-Surg. R.N., has been removed from the "Torch" to the "Wellesley."

J. M. S. FOGO, M.R.C.S.E., Surg. Royal Artillery, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

R. GRAY, M.D., Assist.-Surg. Bengal Service, has been confirmed in the appointment of Superintendent of the Central Gaol from the date on which he assumed the charge.

H. R. GREENE has been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

E. HARE, Deputy Inspector-General of Hospitals (with temporary rank) Bengal Service, has been posted to the Saugor Circle of Medical Superintendence, vice Rind, deceased.

J. HENDERSON, M.D., has been appointed Assist.-Surgeon to the 3rd London Rifle Volunteer Corps.

F. HOWARD, M.D., has been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

T. C. HUTCHINSON, Surg.-Major, has been ordered to assume medical charge of the 40th Bengal Native Infantry, Barrackpore.

J. INCE, Assist.-Surg. 4th Bengal Cavalry, has been appointed to the medical charge of the Staff at the Station, Peshawur.

W. KEATES, Surg.-Major, has been transferred from the 7th to the 19th Bengal Native Infantry.

H. KNAGGS, M.R.C.S.E., Assist.-Surg. Cape Mounted Riflemen, has been appointed Staff Assist.-Surg., vice Macartney, deceased.

W. E. KYNERY has been appointed Staff Assist.-Surg. Army as from Sept. 30th, 1863.

R. W. LAWLESS has been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

D. LENTON has been appointed Assist.-Surg. to the Northampton and Rutland Militia.

J. M'KELLAR, L.F.P. & S. Glas., has been appointed Hon. Assist.-Surg. to the 4th Argyllshire Artillery Volunteer Corps.

T. MATHEW, M.B., Assist.-Surg., has been ordered to assume medical charge of the Station at Kishnaghur, Bengal, as a temporary arrangement.

C. A. MAUNSELL, M.D., Staff Assist.-Surg., has been appointed to do duty in the Allahabad General Hospital until further orders.

J. NICHOLLS, M.R.C.S.E., Hon. Assist.-Surg. 10th Somersetshire Rifle Volunteer Corps, has been promoted to Surgeon.

A. PATTERSON, M.D., Assist.-Surg. 5th Lancashire Rifle Volunteer Corps, has been promoted to Surgeon, vice Drummond, resigned.

M. J. S. PERREAU, M.R.C.S.E., Assist.-Surgeon, has been ordered to assume medical charge of the 4th Bengal Cavalry, Peshawur.

J. ROSS, M.D., has been appointed Surgeon to the 3rd Lanarkshire Rifle Volunteer Corps.

A. S. RUSSELL, Assist.-Surg., has been appointed to the medical charge of the Brigade Staff, Dinapore.

J. A. SHAW, M.D., has been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

J. C. SMITH, Assist.-Surgeon 19th Foot, has been ordered to assume medical charge of the Head Quarters of the 5th Bengal Native Infantry, in addition to his other duties.

A. TURNER, M.D., has been appointed Staff Assist.-Surgeon Army as from Sept. 30th, 1863.

J. E. TUSON, Assist.-Surg. Bengal Service, has been ordered to assume medical charge of the Station Duties, Dum-Dum, and of the Cossipore Gun Foundry Establishment, vice Assist.-Surg. G. B. Hadow.

T. S. VEALE, Assist.-Surgeon, has been posted to the 32nd Bengal Native Infantry.

W. WOTHERSPOON, L.F.P. & S. Glas., has been appointed Assist.-Surg. to the 3rd Lanarkshire Rifle Volunteer Corps.

Births, Marriages, and Deaths.

BIRTHS.

On the 14th ult., the wife of T. G. Phillips, Surgeon, of St. James's-road, Holloway, of a daughter.

On the 17th ult., at North-end, Croydon, the wife of H. J. Strong, M.D., of a daughter.

On the 18th ult., at Redcliff-parade West, Bristol, the wife of R. W. Ellis, M.R.C.S.E., of a daughter.

On the 21st ult., at Portland-place, Torquay, the wife of W. W. Stabb, M.R.C.S. Eng., of a daughter.

On the 22nd ult., at the Priory, Milford, Pembrokeshire, the wife of A. E. Mackay, M.D., R.N., of a son.

On the 23rd ult., at the Grange-road, Bermondsey, the wife of H. Cuolahan, M.D., of a son.

On the 30th ult., at Menai-bridge, Anglesey, the wife of D. W. Williams, M.D., of a daughter.

MARRIAGES.

On the 15th ult., at the Parish Church, Ashton-Under-Lyne, Thomas Slater, Surgeon, of Ripon, to Mary, eldest daughter of the late Charles Thacker, Esq., of Ashton-under-Lyne.

On the 23rd ult., at Milton, Portsea, N. E. Cresswell, M.D., to Rebecca, daughter of the late H. Hill, Esq., of Highgrove.

DEATHS.

On the 15th of February, at Kurrachee, Dr. J. T. Sanderson, 1st Bombay Light Cavalry.

On the 18th of Feb., of typhus fever, at Antrim-road, Belfast, Francis Graydon Johnston, M.R.C.S.E., formerly of St. Angelo, Co. Fermanagh, and late of Charlton, Kent.

On the 14th ult., at Edinburgh, J. Thomson, Student of Medicine, of Fochabers, Morayshire, aged 20.

On the 15th ult., at Tarbert, J. H. Beveridge, L.R.C.S.Ed.

On the 16th ult., at Nice, Dr. Anderson, of Newburgh.

On the 19th ult., at Bournemouth, Hants, J. J. Hunt, L.K.Q.C.P.I., of Duneafort, Mallow.

On the 24th ult., at White House, Longton, John Marshall Hall, youngest son of Robt. Hulme Hayes, L.R.C.P.Ed., aged 3 years and 3 months.

On the 24th ult., at Eaton-road, Chester, J. K. Cheetham, M.D., of Rochdale.

On the 25th ult., Eugene S. Ince, M.D., of Wilton-street, Grosvenor-place, aged 28.

On the 26th ult., at Jedburgh, J. Bell, M.D., aged 34.

On the 27th ult., at Castle-street, Edinburgh, John M'Gilchrist, M.D.

On the 27th ult., suddenly, J. Amesbury, M.R.C.S.E., of Lansdowne-place, Brighton, aged 68.

On the 28th ult., at Blackburn, Richard Maitland, M.D., and J.P. for the County of Lancaster, aged 69.

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Medical Diary of the Week.

MONDAY, APRIL 4	ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. ROYAL INSTITUTION. — 2 P.M. General Monthly Meeting. EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Annual Meeting.—Address by Dr. Babington on his retirement from the Presidency. ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.
TUESDAY, APRIL 5	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Prof. Helmholtz, "On the Natural Law of the Conservation of Energy." ST. MARY'S HOSPITAL MEDICAL SCHOOL.—8 P.M. Dr. Grailly Hewitt's Clinical Conferences in Midwifery. PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
WEDNESDAY, APRIL 6	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. George Johnson, "On the Laryngoscope: The Method of Using the Instrument, and the History of its Invention." HUNTERIAN SOCIETY.—8 P.M. Dr. Risdon Bennett, "On a Case of Hydatid Disease of the Liver; with Remarks." OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Papers by Dr. Meadows, Dr. Day, Dr. Barnes, &c.
THURSDAY, APRIL 7	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M. WEST LONDON HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Prof. Helmholtz, "On the Natural Law of the Conservation of Energy." HARVEIAN SOCIETY.—8 P.M. Mr. Weeden Cooke, "On the Tumours affecting the Female Breast," following a Discussion "On Diphtheria."
FRIDAY, APRIL 8	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M. ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. George Johnson, "On the Laryngoscope: Illustrations of its Value in the Diagnosis and Treatment of Disease." ROYAL INSTITUTION.—3 P.M. Dr. J. Percy, "On Iron."
SATURDAY, APRIL 9	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. ROYAL FREE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL INSTITUTION. — 3 P.M. Prof. Frankland "On the Metallic Elements."

To Correspondents.

X. X.—In some countries it has been supposed that an excessive use of sugar tends to give rise to pulmonary irritation and congestion, followed by general atrophy; whilst other persons have maintained, on the contrary, that it is apt to produce excess of fat. The inquiries of Dr. Champouillon seem to support the first opinion, and the practical conclusion of his paper is, that it is desirable to reduce within as narrow limits as possible the consumption of sugar in pulmonary tuberculosis, and to replace this substance by honey or a decoction of liquorice.

M.D.—It is really difficult to determine to what class of persons the letter is intended to be addressed. We will cause some inquiry to be made on the subject, which will probably be mentioned in a future number of THE LANCET.

The Partridge Fund.—We have received £5 from Dr. Birch towards this Fund.

VACCINE LYMPH FROM THE COW.

To the Editor of THE LANCET.

SIR,—Can any of the numerous readers of your valuable journal acquaint me where I could obtain some vaccine lymph direct from the cow? Having failed lately in so many instances to obtain anything like a satisfactory result after vaccination, I am induced to believe that the lymph I employed was not of the best. I remain, Sir, your obedient servant,

London, March, 1864. F. W.

A Young Practitioner.—1. Under such circumstances the patient might be attended without any impropriety, and without any communication with the former attendant, though it would be more courteous, if on friendly terms, to inform him of the fact.—2. A qualified assistant, under such circumstances, is entitled to the same privileges and consideration as his principal.

The Border Advertiser has been received. We shall be much obliged by the number containing the termination of the inquiry being forwarded.

M. F. B.—The Calabar bean is being used internally in nervous affections. It may be commenced with in grain doses with perfect safety.

Sarnia will find the information he requires on referring to any work on Obstetrics.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Allow me to occupy a small space in your columns to give publicity to an order recently issued by the Madras Government to the medical officers of the Indian service—an order which I feel sure will be considered as an indignity offered to the whole medical profession. It is, that on all occasions of public executions of criminals, the medical officer in charge of the gaol shall be present to superintend the arrangements, and shall furnish a certificate of the operation having been properly performed. The cause of this most objectionable order being issued appears to have been that some time ago a Mofussil judge directed a medical officer to attend officially at an execution. This the medical officer most properly refused to do in the absence of any instructions in the medical regulations marking it out as part of his duty.

The above is not the only order which has lately been directed against the medical service. Another has been issued, which is a breach of faith, and to the last degree unjust. By the furlough rules, every medical officer, after ten years' service in India, is entitled to his furlough. This forms part of the covenant. It has now been ruled that, owing to the great scarcity of medical officers (whose fault, pray?), no application from officers of the medical service for furlough can be attended to; and so rigidly has this been carried out, that recently a medical officer, who had been nineteen years in continuous service in India, had his application for leave refused.

I trust that none of your readers have been misled by the prospect of the new Indian Medical Warrant, as it appeared in your journal a few months ago. Its realization seems as remote as ever, and it would almost appear as if impediments were purposely thrown in the way of its completion, with the view of making the service more than ever discontented.

The accompanying extract from the *Times of India* (Jan 12th, 1864) will show how distant still is the prospect of any amelioration in our condition. What with insult, injustice, and this ever-delaying policy, is it to be wondered at that the service sickens in disgust:—

"Our medical readers will recollect that a few months ago we published an outline of the new Medical Staff Corps for India, which letters received by the present mail state to have been substantially correct, although the authorities at the India House are at a loss to imagine how the details should first have seen the light in India. We may mention, however, that from several sources the same information was to be obtained, whilst it is preposterous to suppose that reticence can be maintained regarding measures which affect so materially the interest of a large public service, and concerning which the authorities have been not only months, but years deliberating. We wish we could assure the medical service that their affairs are now in a fair way of being settled, but each successive mail brings unpleasant rumours of divisions and dissensions in the Council of India regarding the formation of the corps; while, in order to avoid the fatal errors and irretrievable mistakes which were committed regarding the Army Staff Corps, the whole question has been referred to the law officers of the Crown, whose decision cannot possibly be known for many months to come."

I am, Sir, your obedient servant,

January, 1864. ONE WHO SUFFERS.

Juvenis.—M. Schutzenberger is the chemist who lately communicated to the Academy of Sciences of Paris an important memoir on the Transformation of Coagulated Albumen into Soluble Albumen. We presume our correspondent may find a notice of the process adopted in the *Comptes Rendus*, which is to be found on the College library table.

A Subscriber for Twenty-one Years is thanked for his communication.

Consilio Manuque.—The statements referred to did not appear in THE LANCET, and do not require notice in our pages.

Amicus.—1. There is no fine whatever.—2. The proceeding is quite lawful.

DRUNKENNESS AND INSANITY.

To the Editor of THE LANCET.

SIR,—In your annotation on the Mackintosh case (THE LANCET, March 12th), it is said that it is agreed on all hands that "a large amount of insanity is caused by the excessive use of alcohol." I, for one, beg to differ from this sweeping statement. Facts patent to every observer tend to prove that drunkenness in many instances is the resort of insanity; that people drink to excess because they are mad, and not that they are mad because they drink to excess. Many cases have come under my cognizance in which drunkenness has followed some overt act of insanity. After a while, under judicious management, the insane paroxysm has passed off, and with it the passion for alcoholic stimulants. How far the resort to them is the result of an instinctive feeling to supersede a morbid sensation by the substitution of another, is a question not easy to decide. But the fact of habitual and occasional outbreaks of drunkenness may be taken as an *à priori* evidence of insanity, and to this point attention should be specially directed by the medical attendant before he ventures to sign a certificate for placing the patient under restraint. Doubtless, instead of alleviating, drunkenness has the effect of aggravating the insane paroxysm, and hence the importance of restraining the insane from the excessive indulgence in alcoholic stimulants as essential to their cure. By a strict observance of this rule, the fear of falling under the lash of the law may be avoided.

The facts recently recorded of the beneficial effects of the use of the Turkish bath in the cure of insanity go far to establish the inference, that by an early resort to the bath the paroxysm may be arrested in its earlier stages; the drunkenness and the subsequent restraint, besides the danger of legal proceedings, may be prevented. To this may be added the great advantage of not losing a patient by sending him to a Turkish bath instead of to an asylum. I remain, Sir, yours, &c.,

Montague-street, March, 1864. J. PIDDUCK, M.D. Edin.

J. R. J.—1. The Coroner was decidedly wrong in the opinion he expressed. The mere act of tying the umbilical cord has nothing to do with the separate existence of the child, *quoad* the question at issue.—2. He was bound to receive the evidence if the certificate of registration was produced. Indeed he acted in opposition to the Medical Witnesses Act, which was not repealed by the Medical Act, in refusing to receive the evidence of a "duly qualified practitioner."

A Young Practitioner.—1. The time will be announced in this Journal.—2. These will be found in the Students' Number of THE LANCET.

Mr. G. Lewis.—There is, we believe, no separate license in Surgery granted by the Faculty.

THE valuable communication from *Dr. Gairdner* on "Medical Education" shall be inserted next week.

Dr. Sigmond (Paris) is thanked for his communication.

MEDICAL EDUCATION IN ABERDEEN—APPRENTICESHIPS.

To the Editor of THE LANCET.

SIR,—In perusing the remarks of a correspondent in your last issue, signing himself "An Aberdeen Graduate," I was particularly struck with the fidelity of the picture he drew of kidnapping medical students—a practice which still flourishes here in its pristine vigour. Every now and then we hear of baits being dexterously thrown out to catch the unwary "young man from the country," and of thirty guineas quietly abstracted from his pocket, or from that of a confiding mamma, or a loving aunt, who each admire the plausible exterior, the grandiloquent promises, and the heavenly conversation of the great and good man, under whose guidance it is *such* an honour to have the dear boy placed. The money is paid; but it is notorious they get no *quid pro quo*, and everyone in after life looks upon that "fee" as so much money thrown away.

But if the practice is so well known to be objectionable, why does it continue to exist? I can only give you the cause assigned by the students themselves. They say they are taken in with their eyes open, because "apprentices are never plucked." This conviction seems to be so settled amongst them, that even senior students, while admitting their intense disgust and disappointment at the system, do not hesitate to advise others to wear the same invulnerable armour. Such I believe to be the cause of the scandal. Query—Where is the remedy?—I am, Sir, yours, &c.,

Aberdeen, March, 1864. ANOTHER ABERDEEN GRADUATE.

Judex.—We have not the least intention to open our pages to any such controversy. Suffice it to say that ample proof has recently been afforded by Prof. Huxley, and adduced by him in public, to show that both muscles of the chimpanzee—viz., the abductor ossis metatarsi quinti and the levator claviculæ—do not unfrequently occur in man.

Mr. R. W. Parker.—Next week.

Mr. W. L. Meadham (Norwich) is referred to the *Builder's Weekly Reporter* of March 21st, from which the notice was taken.

A Country Surgeon.—Mr. H. L. Smith on Self-supporting Dispensaries. A pamphlet.

UNPROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—I am an old and retired practitioner; but I have presented one or two of my stout friends with a pamphlet written by one of the laity, in which he details the means by which he reduced his own corpulency, and became restored to health. This has been sold in thousands, and in my last purchase I found a handbill (enclosed), advertising the "Stomach Medically and Morally Considered," price 1*s.*; by post, 13 stamps: by L. J. Beale, Medical Officer of Health. There was formerly a Medical Hall near the Egyptian Hall, Piccadilly. Is there any connexion? Is L. J. Beale a licensed practitioner? I remain, Sir, yours, &c.,

March, 1864. SENIOR.

*** Mr. Beale is a respectable member of the profession, and we cannot suppose that the mode of advertising mentioned by our esteemed correspondent has received his sanction. Until we hear to the contrary, we must hold the publisher responsible for the objectionable mode of advertising the book.—ED. L.

Derma.—Scabies is a parasitic and *vesicular* disease, and nothing else. The papular and pustular eruptions present in chronic itch are simply so many additional and other maladies. This is the true solution of the matter.

B.—There is no such method.

The Griffin Fund.—We have received 5*s.* from Mr. Harding Rees, of Beaconsfield, towards this Fund.

David D. may try the hyposulphite of soda as an anti-emetic. Creasote is occasionally serviceable.

Dr. Sumpter's letter on Lock Hospitals contains some suggestions worthy of consideration, and shall not escape our notice.

THE PRIZE OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of THE LANCET.

SIR,—By an advertisement in your last number, the profession are invited to admire the liberality of the British Medical Association, who have proposed a premium of twenty guineas value for an essay on a physiological subject. This is to be open to the competition of the whole profession; so, of course, they expect that the best productions of the best writers will be forwarded for selection. The essay is to be the property of the Association, for publication in their *Journal*; and as it is expected that twenty-four pages will be furnished for twenty guineas, they thus hope to obtain a production of high merit for 17*s.* 6*d.* per page—a rate of remuneration that would scarcely be deemed a "prize" by a wretched "penny-a-liner." True, the honour is something, as the reward comes in the shape of a gold medal; but if the Association desire to employ a writer for the advantage of the *Journal*, they should be honest enough to say so. It would then show itself to be what it really is, a mere matter of business. They ought, however, to offer a fair remuneration for the talent they hope to secure.

I am, Sir, yours obediently,

March, 1864. JUDEX.

A. B.—The charges do not appear to be by any means excessive. It was for the medical attendant to determine whether the visits were really necessary. The case is altogether an exceptional one, and should not be remunerated by the ordinary fees.

Mr. S. J. Baker.—It does not destroy the eligibility for the office; but the union of two such appointments might occasionally be found incompatible.

REGISTRATION OF DEATHS, ETC. (SCOTLAND)—PENAL CLAUSE.

To the Editor of THE LANCET.

SIR,—It will be seen by the annexed resolution adopted at the annual meeting of the County and City of Cork Medical Protective Association, held on the 14th instant, that at least a section of the profession in Ireland have not forgotten, and have determined to seek for, the repeal of the *penal clause* in the Scottish Registration of Births &c. Act, which affects their Scotch brethren:—

"Resolved,—That while we confidently trust that the entire profession in this country will show that they appreciate their exemption from penalty by a ready and honourable compliance with the provisions of the Registration Act in cases of death and vaccination, we sympathize with our Scottish brethren, who have not met with similar consideration from the Government, and that we petition the Legislature for the removal of the penal clause which at present affects them."

I remain, Sir, yours respectfully,

RICHARD CORBETT,

Cork, March, 1864. Vice-President of the Association.

THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—The formula for the preparation of some of the syrups in the British Pharmacopœia is not altogether satisfactory. For instance, in making the syrup of lemon, the juice is ordered to be *strained*. If made after this fashion, the result is a murky-looking syrup; but if the juice is *filtered*, an elegant syrup is the result, being perfectly bright. In the syrup. hemidesmi, the spirit is omitted, and it will not keep without; and it might have been made four times the strength with advantage, as it is only used for flavouring.

If we are to have another edition of the Pharmacopœia, we may as well endeavour to rectify omissions which abound in the present work.

I remain, Sir, yours faithfully,

Baker-street, March, 1864. FREDERICK CURTIS.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you can inform me whether the Medical Council intend publishing an explanatory supplement to the British Pharmacopœia. Many new preparations have been introduced, and many old ones altered, both as to mode of preparation and in strength. Now, it is directed by the Medical Council that these medicines are to be ordered in all future preparations; but they have omitted in their wonderful book to state either the doses or uses of any one preparation, which knowledge is certainly most essential as regards the new drugs. Perhaps the omission is intentional, as it appears to be the aim of the Medical Council to do as little as possible for the profession, and to put it to as much expense as it possibly can.

I am, Sir, yours obediently,

March, 1864. J. L. J.

To the Editor of THE LANCET.

SIR,—In looking over the British Pharmacopœia, I find that many of the preparations are altered in strength, and many are altogether new; yet no doses are given for any of them. Will you kindly inform me how medical men are to know in what quantities to prescribe these altered or new remedies. By so doing you will greatly oblige,

March, 1864. AN OLD SUBSCRIBER.

To the Editor of THE LANCET.

SIR,—Although little able to afford it, I have lately expended the sum of 10*s.* 6*d.* in the purchase of the new Pharmacopœia; but find to my sorrow that it is almost useless to me, for it contains no information as to the *uses* of any of the preparations, whether old or new, and, still worse, it is absolutely silent with respect to the *doses*. I therefore humbly suggest that its compilers supply these extraordinary deficiencies, and make their work useful to the profession and safe for the public by publishing an appendix, free of cost, to those who, like myself, have already paid for this expensive work.

I am, Sir, your obedient servant,

March, 1864. A STUDENT OF MEDICINE.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Gairdner, Glasgow; Dr. Devenish; Mr. Henry Thompson; Mr. Warren, Tutbury, (with enclosure;) Dr. Mayne; Dr. Hewson, Stafford; Mr. Hayes, Longton; Messrs. Harvey and Reynolds, (with enclosure;) Dr. Roden; Mr. Tweedale, Saddleworth; Mr. Langford, (with enclosure;) Dr. Blanshard, (with enclosure;) Dr. Williams, Menai Bridge; Mr. Ireland; Mr. Bailey, Coleshill, (with enclosure;) Mr. J. Smith; Mr. Partridge, Birmingham; Mr. Lever, Carlisle; Mr. Parker; Mr. Davies, Oswestry, (with enclosure;) Mr. Gamble, Chalfont, (with enclosure;) Messrs. Jones and Moore, Brackley; Mr. J. H. Armstrong, Ashton-under-Lyne; Dr. Johnston, Belfast; Mr. R. Corbett, Cork; Mr. Giddings, Calverley, (with enclosure;) Dr. Metcalfe, Leyburn; Mr. Walls, Hindley, (with enclosure;) Mr. Somerville, Edinburgh; Mr. E. Thornhill; Mr. Mendham, Norwich; Mr. Hickes, St. Davids, (with enclosure;) Mr. Prowse, Amersham, (with enclosure;) Mr. J. O'Dell; Mr. J. E. Moffatt, Montreal; Mr. Greaves; Mr. Orrell, (with enclosure;) Dr. Bingley; Dr. Macloughlin; Mr. Slater; Dr. Sumpter, Clay; Dr. Williams, Norwich; Mr. Addison, Kineton; Mr. Jackson, Wolverhampton; Dr. Morgan, Carnarvon; Mr. Elliott, Chichester; Mr. R. Pearson, Maidstone; Mr. Larkin; Mr. King, (with enclosure;) Dr. Millett, Hayle; Mr. J. Morgan, Dublin; Mr. Lillie; Mr. Boulton; Mr. Sprague; Mr. Garland; Dr. Clarke, Dugshai; Mr. Morris; Rev. W. J. Morrish, (with enclosure;) Mr. Watkins, (with enclosure;) Mr. Grove, (with enclosure;) Mr. Wyatt, Holbeton; Mr. Fletcher; Mr. Smart, (with enclosure;) Dr. Broe; Mr. Baker, Abingdon; Dr. Birch, (with enclosure;) Mr. Phillips, Minster, (with enclosure;) Mr. J. Laffere, (with enclosure;) Mr. Tuck, Sleaford, (with enclosure;) Mr. T. H. Graham; Mr. Collet; H. M. R., (with enclosure;) A. B. C., (with enclosure;) Verax; M.D., (with enclosure;) D. B., (with enclosure;) An Exile; Vindex; &c.